

## Consent for Release of Residential Customer Consumption Information

TO: Colorado Springs Utilities (l	Jtilities)	
,(Print Name)	, in accorda	ance with Utilities Rules and Regulations V(H)
	authorize Colorad	o Springs Utilities to release consumption
Name or Company:		
Street Address:		
City:		State/Zip:
Please release any consumption	n data with regard t	o:
Gas	Electric	Water and/or Wastewater
or my Utilities Account number:		
This consent is valid until termina	ated by the Utilities	s Customer.
•	ims and liabilities	ers and employees, as well as the City of , which Utilities might otherwise incur as a
certify that I am the individua	l whose name ap	pears on the account.
Customer's Signature:		Date:
STATE:		
COUNTY:		
Before me on this date, dentified or known to me, who a		_, appeared, as his/her instrument.
SEAL:		
	_	
		Notary Signature

Please fax to Colorado Springs Utilities at 719-668-4599 or mail to Colorado Springs Utilities, ATTN: Water Allocation Plan Office, 2855 Mesa Rd., Colorado Springs, CO 80904.