



CONSENT OF AUTHORITY FOR PROPERTY MANAGEMENT (RESIDENTIAL LANDLORD)

Person/Business Entity

I, , (name as it appears on bill) the Primary Customer hereby authorize Colorado Springs Utilities to give account access and authority to the company listed below to act on my behalf to manage utility accounts with the following level of authority.

Authority

The named Property Manager/Company is authorized to update account contact information, make payments, negotiate payment extensions, make billing and payment inquiries, inquire and update rate options, apply for rebates, obtain consumption data, revert service into primary customer or landlord name, stop service, and initiate/discuss service orders.

I acknowledge that I am responsible for establishing any new service(s) in my name. Additionally, I understand that I must submit an additional Consent of Authority form to authorize the Property Manager for the new service.
(Primary customer notarization required.)

Authorized Property

Any other Property Management companies currently associated with the addresses listed will be removed.

Service Address:

Multiple Properties (Please attach a list of all authorized property addresses).

This consent is valid until terminated by the Primary Customer. I hereby release and discharge Colorado Springs Utilities, its officers, and employees, as well as the City of Colorado Springs, from all claims and liabilities which Colorado Springs Utilities might otherwise incur as the result of the designation of authority hereunder.

Disclaimers: Springs Utilities does not warrant the security of third-party email providers. Email may not be a secure means to send private information, and customers accept any security liabilities while information is in transit. Upon receipt, Springs Utilities will secure all personal information in with internal policies and applicable laws.



CONSENT OF AUTHORITY FOR PROPERTY MANAGEMENT (RESIDENTIAL PROPERTIES)

Company Being Authorized

Representative or Name (Print): _____

Date: _____

*Company Name _____

Company Address: _____

City: _____ State: _____

Zip: _____ County: _____

Telephone: _____

Email: _____

Primary Customer Granting Authorization

Name (Print): _____

Date: _____

Company Name (If applicable): _____

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Telephone: _____

Email: _____

Signature:

Before me on this date, _____ 20__ appeared:

Identified or known to me, who acknowledged this as his/her instrument.

Notary Signature: _____ Seal:

Incomplete forms will not be processed and may delay request.

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