



**Colorado Centre Metropolitan District**

*4770 Horizonview Drive, Colorado Springs, Colorado 80925*

*Telephone: 719-390-7000 ; Facsimile: 719-390-3709*

**AUTHORIZATION FOR RELEASE OF INFORMATION REGARDING  
YOUR COLORADO CENTRE METROPOLITAN DISTRICT ACCOUNT**

I hereby authorize Colorado Centre Metropolitan District to share information regarding my account at Colorado Centre Metropolitan District with (Name) \_\_\_\_\_

(Address) \_\_\_\_\_ (Phone) \_\_\_\_\_

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my CCMD Account insofar as the information is released to the party solely to be kept informed of any delinquencies and/or discrepancies regarding my CCMD Account.

I hereby release Colorado Centre Metropolitan District from any claims, damages or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information whether such information is favorable or unfavorable to me.

I have read the above, understand its contents, and voluntarily agree to its terms.

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Address** **Phone**

\_\_\_\_\_  
**Colorado Centre Account Number**