

Colorado Centre Metropolitan District 4770 Ilori:onview 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 ust, disclosure, or release of such information whether such information is favorable or unfa!c:irable 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**