

Colorado Centre Metropolitan District

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

| I, hereb | by authorize Colorado | Centre Metropolitan District to share |
|-----------------------------------|-----------------------|---------------------------------------|
| information regarding my account | | (account number), at Colorado Centre |
| Metropolitan District with (name) | | (phone) |
| (contact name) | (address) | |

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my Colorado Centre Metropolitan District Account insofar as the information is released to the party indicated above, solely to be kept informed of any delinquencies and/or discrepancies regarding my Colorado Centre Metropolitan District 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 the 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 and conditions.

Printed Name

Date

Address

Signature