

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: City of Colorado Springs

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 30 S. Nevada, Suite 701, P.O. Box 1575, Mail Code 710
Colorado Springs, CO 80901-1575

Name of Agent Designated to Receive Notification of Claimed Infringement: Joseph Palmer

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

City of Colorado Springs
30 S. Nevada, Suite 701, P.O. Box 1575, Mail Code 710, Colorado Springs, CO 80901

Telephone Number of Designated Agent: (719) 385-2489

Facsimile Number of Designated Agent: (719) 385-5735

Designated Agent: dmca@springsgov.com

Representative of the Designating Service Provider: _____

Date: 9/9/13

Name and Title: Joseph Palmer

Chief Information Officer, City of Colorado Springs

**Note: This Interim Designation Must be Accompanied by a Filing Fee*
Made Payable to the Register of Copyrights.**

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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