

HOME OWNER'S RELEASE

NAME:	DATE:
ADDRESS:	
CITY/STATE/ZIP:	
EMAIL:	
DAY PHONE:	EVE. PHONE:
STORY SUBMITTED BY NAME:	
EMAIL:	
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description. Furthermore, I will not allow any other p this day and Colorado Homes & Lifestyles publish date & Lifestyles publish date, unless written permission is	
I authorize the use of my name and/or likeness in	
I decline to be identified by name and/or likeness in	۱
* Homeowners requesting anonymity in the story ag The story will include the home's general location (t	,
Home previously published in (please list all prior/pend	ing publications and dates)
	DATE:
	DATE

	DATE:
SIGNATURE:	DATE:

PLEASE RETURN FORM TO:

Darla Worden via **email** (dworden@chlml.com) or mail at 1780 South Bellaire Street, Suite 505 | Denver, CO 80222