

DRMS ePermitting Change of Contact



COLORADO
Division of Reclamation,
Mining and Safety
Department of Natural Resources

General Information

Submittal Date

4/23/2019

The ePermitting Contact Change form is used to update the contact information for the Permittee, Permitting and/or Inspection contact information.

Administrator Information

Administrator First Name

Tami

Administrator Last Name

Tamburelli

Administrator Email

tamrockgravel@gmail.com

Select a Permit Number *

M2012023

Select Contact Type *

Select all that apply

☐ Permittee Contact ☐ Permitting Contact ☒ Inspection Contact

Inspection Contact Information

Inspection Company Name

Tamrock Gravel

Salutation

Mr

First Name

Brent

Middle Initial

A

Last Name

Tamburelli

Address 1

County Rd 57.7

Address 2**City**

Boncarbo

State

CO

Zip Code

81024

Telephone #

7198463034

Digits only, no separators

Extension**Fax #**

7198467842

Digits only, no separators

Email Address

tamrockgravel@gmail.com

Confirmation

Have you reviewed all the information provided on this form? *

☒ Yes