

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

5/22/2019

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

Thomas

Administrator Last Name

Miller

Administrator Email

snowpatchtom@gmail.com

Select a Permit Number *

P2015007

Select Contact Type *

Select all that apply

☒ Permittee Contact ☐ Permitting Contact ☒ Inspection Contact

Permittee Contact Information

Permittee Company Name

Thomas G. Miller

Name change requires succession of operator application

Salutation

Mr.

First Name

Thomas

Middle Initial

G

Last Name

Miller

Address 1

5260 Garrison St., #12

Address 2**City**

Arvada

State

CO

Zip Code

800020000

Telephone #

7194270406

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

Inspection Contact Information

Inspection Company Name

Thomas G. Miller

Salutation

Mr.

First Name

Thomas

Middle Initial

G

Last Name

Miller

Address 1

5260 Garrison St., #12

Address 2

City

Arvada

State

CO

Zip Code

800020000

Telephone

7194270406

Digits only, no separators

Extension

Fax

Digits only, no separators

Email Address

snowpatchtom@gmail.com

Confirmation

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

☒ Yes