DRMS ePermitting Change of Contact

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

General Information

Submittal Date

5/30/2019

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

Ken

Administrator Last Name

Skoglund

Administrator Email

info@kenskoglund.com

Select a Permit Number *

M2013054

Select Contact Type *

Select all that apply

☑ Permittee Contact ☐ Permitting Contact ☐ Inspection Contact

Permittee Contact Information

Permittee Company Name

Skoglund Excavating Inc.

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Mr	Kenneth		Skoglund

Address 1

1075 Broadway Avenue

Address 2

P O Box 209

City	State	Zip Code
Moffat`	CO	81143

Telephone #

7192564447

Digits only, no separators

Extension

Fax #

Digits only, no separators

Email Address

info@kenskoglund.com

Confirmation

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

- [x] Yes