DRMS ePermitting Change of Contact



General Information		
information.	ed to update the contact information	for the Permittee, Permitting and/or Inspection contact
Administrator Information		
Administrator First Name	Administrator Last Name	
Adam	Jokerst	
Administrator Email		
adam.jokerst@greeleygov.com		
Select a Permit Number *		
M2002020		
Select Contact Type *		
Select all that apply Permittee Contact Permitting Contact Inspection Contact		
Permittee Contact Information		
Permittee Company Name		
City of Greeley		
Name change requires succession of operator ap	pplication	
Salutation First Name	Middle Init	tial Last Name
Adam		Jokerst
Address 1	Address 2	
1001 11th Ave		
City	State	Zip Code
Greeley	CO	806310000

Telephone # Extension Fax #

9703815337 9703509805

Digits only, no separators Digits only, no separators

Email Address

Confirmation

Have you reviewed all the information provided on this form? ${\color{red}^{\star}}$

