

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

6/25/2019

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

Patricia

Administrator Last Name

Smith

Administrator Email

psmith@bacacountyco.gov

Select a Permit Number *

M2009002

Select Contact Type *

Select all that apply

☒ Permittee Contact ☒ Permitting Contact ☒ Inspection Contact ☐ Additional Annual Fee
Contact(s)

Permittee Contact Information

Permittee Company Name

Baca County

Name change requires succession of operator application

Salutation

Mr

First Name

Shiloh

Middle Initial**Last Name**

Freed

Address 1

741 Main St., Suite 1

Address 2**City**

Springfield

State

CO

Zip Code

810730000

Telephone #

7195236532

Digits only, no separators

Extension**Fax #**

7195236584

Digits only, no separators

Email Address

sfreed@bacacountyco.gov

Permitting Contact Information**Permitting Company Name**

Baca County Government

Salutation

Mr

First Name

Shiloh

Middle Initial**Last Name**

Freed

Address 1

741 Main St.

Address 2**City**

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State

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Extension**Fax #**

7195236584

Digits only, no separators

Email Address

sfreed@bacacountyco.gov

Inspection Contact Information**Inspection Company Name**

Baca County Government

Salutation

Mr

First Name

Shiloh

Middle Initial**Last Name**

Freed

Address 1

741 Main Street, Suite 1

Address 2**City**

Springfield

State

CO

Zip Code

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Email Address

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Confirmation

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

☒ Yes