

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

7/8/2019

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

Douglas

Administrator Last Name

Thurston

Administrator Email

weaselskinfarm@gmail.com

Select a Permit Number *

M1986148

Select Contact Type *

Select all that apply

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

Inspection Contact Information

Inspection Company Name

Weaselskin Corp.

Salutation

Mr

First Name

DJPT

Middle Initial

M

Last Name

Thurston

Address 1

12995 U.S. Hwy. 550

Address 2**City**

Durango

State

CO

Zip Code

81303

Telephone #

9707591777

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

Confirmation

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

☒ Yes