

DRMS ePermitting Change of Contact



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

****You must change your password before accessing this form. For more assistance, please contact your organization's administrator.****

****Please close your Internet Browser window now.****

General Information

Submittal Date

10/4/2019

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

Perry

Administrator Last Name

Neil

Administrator Email

assistant@casgravel.com

Select a Permit Number *

M2015001

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Crossfire Aggregate Services LLC

Name change requires succession of operator application

Salutation

Mr

First Name

Perry

Middle Initial

Last Name

Neil

Address 1

P.O. Box 352

Address 2

565 Goddard Ave., Ste. B

City

State

Zip Code

Ignacio

CO

811370000

Telephone #

9704426536

Digits only, no separators

Extension

Fax #

Digits only, no separators

Email Address

Perry.Neil@casgravel.com

Inspection Contact Information

Inspection Company Name

Crossfire Aggregate Services, LLC

Salutation

Mr

First Name

Perry

Middle Initial

Last Name

Neil

Address 1

P O Box 352

Address 2

565 Goddard Ave., Ste. B

City

Ignacio

State

Co

Zip Code

81137

Telephone #

9707491444

Digits only, no separators

Extension

Fax #

Digits only, no separators

Email Address

Perry.Neil@casgravel.com

Confirmation

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



Yes