

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

11/18/2019

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**Administrator Last Name****Administrator Email****Select a Permit Number ***

M1990116

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Phillips County

Name change requires succession of operator application

Salutation**First Name****Middle Initial****Last Name**

Ms

Pamela

Jensen

Address 1**Address 2**

221 S. Interocean Ave.

City**State****Zip Code**

Holyoke

CO

807340000

Telephone #**Extension****Fax #**

9708543778

9708543811

Digits only, no separators

Digits only, no separators

Email Address

pamela.jensen@phillipscounty.co

Permitting Contact Information**Permitting Company Name**

Phillips County

Salutation	First Name	Middle Initial	Last Name
Ms	Laura	L	Schroetlin

Address 1	Address 2
-----------	-----------

221 S. Interocean Ave.

City	State	Zip Code
Holyoke	CO	807340000

Telephone #	Extension	Fax #
9708543778		
Digits only, no separators		Digits only, no separators

Email Address

laura.schroetlin@phillipscounty.co

Inspection Contact Information**Inspection Company Name**

Phillips County

Salutation	First Name	Middle Initial	Last Name
Mr	Mike		Salyards

Address 1	Address 2
-----------	-----------

221 S. Interocean Ave.

City	State	Zip Code
Holyoke	CO	807340000

Telephone #	Extension	Fax #
9704660170		
Digits only, no separators		Digits only, no separators

Email Address

MIKE.SALYARDS@PHILLIPSCOUNTY.CO

Annual Fee Notice to Copy

Additional people you would like to receive notices of upcoming annual fee/report due dates

Remove Existing Contact?

☒ Remove

Salutation

First Name *

Middle Initial

Last Name *

Laura

L

Schroetlin

Confirmation

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

☒ Yes