DRMS ePermitting Change of Contact

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

General Information

Submittal Date

12/9/2019

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

James

Administrator Last Name

Eccher

Administrator Email

colocitymanager@ghvalley.net

Select a Permit Number *

M1979158

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Colorado City Metropolitan District

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Mr	James		Eccher

Address 1

4497 Bent Brothers Blvd.

Address 2

P.O. Box 20229

City	State	Zip Code
Colorado City	CO	810190000

Telephone #	Extension	Fax #
7196763396		7196763172
Digits only, no separators		Digits only, no separators

Email Address

colocitymanager@ghvalley.net

Permitting Contact Information

Permitting Company Name

Colorado City Metropolitan District

Salutation	First Name	Middle Initial	Last Name
Mr	James		Eccher

Address 1	Address 2
4497 Bent Brothers Blvd.	P.O. Box 20229

City	State	Zip Code
Colorado City	CO	810190000

Telephone #	Extension	Fax #
7196763396 Digits only, no separators		7196763172 Digits only, no separators

Email Address

colocitymanager@ghvalley.net

Inspection Contact Information

Inspection Company Name

Colorado City Metropolitan District

Salutation	First Name	Middle Initial	Last Name
Mr	James		Eccher

Address 1	Address 2
4497 Bent Brothers Blvd.	P.O. Box 20229

City	State	Zip Code
Colorado City	CO	810190000

Telephone #	Extension	Fax #
7196763396 Digits only, no separators		7196763172 Digits only, no separators

Email Address

colocitymanager@ghvalley.net

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** *

Kellly | Hale

Annual Fee Notice Company Name

Address 1 | **Address 2**

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

000000000

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

Digits only, no separators | Digits only, no separators

Email Address

colocityap@ghvalley.net

Confirmation

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

☑ Yes