DRMS ePermitting Change of Contact

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

General Information

Submittal Date

3/11/2020

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

Michael

Administrator Last Name

Machone

Administrator Email

mike.machone@ci.lamar.co.us

Select a Permit Number *

M1987078

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

City of Lamar

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Mr	Patrick		Mason

Address 1

102 E Parmenter St

Address 2

City	State	Zip Code
Lamar	CO	810520000

Telephone #	Extension	Fax #
7193361304		7193364404
Digits only, no separators		Digits only, no separators

Email Address

pat.mason@ci.lamar.co.us

Permitting Contact Information

Permitting Company Name

City of Lamar

Salutation	First Name	Middle Initial	Last Name
Mr	Michael		Machone

Address 1

102 E Parmenter St

Address 2

City	State	Zip Code
Lamar	CO	810523239

Telephone #	Extension	Fax #
7193362279		
Digits only, no separators		Digits only, no separators

Email Address

mike.machone@ci.lamar.co.us

Inspection Contact Information

Inspection Company Name

City of Lamar

Salutation	First Name	Middle Initial	Last Name
Mr	Patrick		Mason

Address 1

102 E Parmenter St

Address 2

City	State	Zip Code
Lamar	CO	810523239

Telephone #	Extension	Fax #
7193362002		
Digits only, no separators		Digits only, no separators

Email Address

pat.mason@ci.lamar.co.us

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 *
Mr	Rick		Akers

Remove Existing Contact?

☐ Remove

Salutation	First Name *	Middle Initial	Last Name *
Ms	Kristin		McCrea

Annual Fee Notice Company Name

City of Lamar

Address 1

102 E Parmenter

Address 2

City

Lamar

State

CO

Zip Code

81052

Telephone #

7193361373

Digits only, no separators

Extension

Fax #

Digits only, no separators

Email Address

kristin.mccrea@ci.lamar.co.us

Confirmation

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

☑ Yes