

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

Joseph

Administrator Last Name

Houghton

Administrator Email

jphoughton@csu.org

Select a Permit Number *

M1992074

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 Colorado Springs

Name change requires succession of operator application

Salutation

Mr

First Name

Joseph

Middle Initial**Last Name**

Houghton

Address 1

PO Box 1103

Address 2

Mail Code 940

City

Colorado Springs

State

CO

Zip Code

809470000

Telephone #

7196683744

Digits only, no separators

Extension**Fax #**

7196688666

Digits only, no separators

Email Address

jphoughton@csu.org

Confirmation

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

☒ Yes