

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

3/27/2020

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

Linda

Administrator Last Name

DeRose

Administrator Email

lderose@moffatcounty.net

Select a Permit Number *

M2009060

Select Contact Type *

Select all that apply

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

Permitting Contact Information

Permitting Company Name

Moffat County

Salutation

Ms

First Name

Denise

Middle Initial**Last Name**

Baptist

Address 1

PO Box 667

Address 2**City**

Craig

State

CO

Zip Code

816260000

Telephone #

9708243211

Digits only, no separators

Extension

1011

Fax #

9708240356

Digits only, no separators

Email Address

Confirmation

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

☒ Yes