

DRMS ePermitting Change of Contact



COLORADO

Division of Reclamation,
Mining and Safety

Department of Natural Resources

General Information

Submittal Date

5/14/2020

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

LaShelle

Administrator Last Name

Benbow

Administrator Email

lashelle.benbow@crowleycounty.net

Select a Permit Number *

M1982126

Select Contact Type *

Select all that apply

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

Permitting Contact Information

Permitting Company Name

Crowley County

Salutation

First Name

Middle Initial

Last Name

LaShelle

Benbow

Address 1

Address 2

603 Main Street Suite 2

City

State

Zip Code

Ordway

CO

810630000

Telephone

Extension

Fax

7192675249

7192673114

Digits only, no separators

Digits only, no separators

Email Address

lashelle.benbow@crowleycounty.net

Inspection Contact Information**Inspection Company Name**

Crowley County

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

LaShelle

Benbow

Address 1**Address 2**

603 Main Street Suite 2

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

Ordway

CO

810630000

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

7192675249

Digits only, no separators

7192673114

Digits only, no separators

Email Address

lashelle.benbow@crowleycounty.net

Confirmation

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



Yes