DRMS ePermitting Change of Contact



General Information

Submittal Date

10/26/2020

The ePermitting Contact Change form is used to update the contact information for the Permittee, Permitting and/or Inspection contact

Administrator Information

Administrator First Name Administrator Last Name

Perry Neil

Administrator Email

assistant@casgravel.com

Select a Permit Number *

M2015001

Select Contact Type *

Select all that apply

✓ Permittee Contact ✓ Permitting Contact □ Inspection Contact □ Additional Annual Fee Contact(s)

Permittee Contact Information

Permittee Company Name

Crossfire Aggregate Services LLC

Name change requires succession of operator application

Salutation **First Name Middle Initial Last Name**

Mr Nathan Barton

Address 1 Address 2

P O Box 3471 565 Goddard Ave., Ste. B

City State **Zip Code**

SD 57709 Ignacio

Telephone # **Extension** Fax #

6053907255

Digits only, no separators

Digits only, no separators

Email Address

Wasteline.itc@gmail.com

Permitting Contact Information

Permitting Company Name

WASTELINE, Inc. for Crossfire Aggregate Services LLC.

Middle Initial Salutation **First Name Last Name**

Nathan Barton

Address 2 Address 1

PO Box 88

State Zip Code City

Cortez CO 813210088

Telephone # **Extension** Fax #

9705641380

Digits only, no separators

Digits only, no separators

Email Address

wasteline.84532@gmail.com

Confirmation

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

Yes