

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

12/7/2020

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

Kris

Administrator Last Name

Rabida

Administrator Email

krabida@ltenv.com

Select a Permit Number *

M1982015

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Carma Bayshore LLC

Name change requires succession of operator application

Salutation

Ms

First Name

Lisa

Middle Initial**Last Name**

Albers

Address 1

6465 S. Greenwood Plaza Blvd.

Address 2

Suite 700

City

Centennial

State

CO

Zip Code

801110000

Telephone #

3037069451

Digits only, no separators

Extension**Fax #**

3037069453

Digits only, no separators

Email Address

lisa.albers@brookfieldrp.com

Confirmation

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



Yes