

## DRMS ePermitting Change of Contact



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

### General Information

**Submittal Date**

3/31/2021

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**

Dale

**Administrator Last Name**

McDermott

**Administrator Email**

dmcd536@hotmail.com

**Select a Permit Number \***

M2013081

**Select Contact Type \***

Select all that apply

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

### Permittee Contact Information

**Permittee Company Name**

Tomichi Materials, LLC

Name change requires succession of operator application

**Salutation**

Mr

**First Name**

Dale

**Middle Initial****Last Name**

McDermott

**Address 1**

43188 us hwy 50

**Address 2****City**

Gunnison

**State**

CO

**Zip Code**

81230

**Telephone #**

7202929553

Digits only, no separators

**Extension****Fax #**

Digits only, no separators

**Email Address**

dmcd536@hotmail.com

**Permitting Contact Information****Permitting Company Name**

Tomichi Materials

Salutation	First Name	Middle Initial	Last Name
Mr	Dale		McDermott

Address 1	Address 2
-----------	-----------

43188 us hwy 50

City	State	Zip Code
Gunnison	CO	81230

Telephone #	Extension	Fax #
7202929553		
Digits only, no separators		Digits only, no separators

**Email Address**

dmcd536@hotmail.com

**Inspection Contact Information****Inspection Company Name**

Tomichi Materials

Salutation	First Name	Middle Initial	Last Name
Mr	Dale		McDermott

Address 1	Address 2
-----------	-----------

43188 us hwy 50

City	State	Zip Code
Gunnison	CO	81230

Telephone #	Extension	Fax #
7202929553		
Digits only, no separators		Digits only, no separators

**Email Address**

dmcd536@hotmail.com

**Annual Fee Notice to Copy**

Additional people you would like to receive notices of upcoming annual fee/report due dates

### Remove Existing Contact?

☐ Remove

**Salutation**

**First Name \***

**Middle Initial**

**Last Name \***

Jennifer

Champ

**Annual Fee Notice Company Name**

**Address 1**

**Address 2**

**City**

**State**

**Zip Code**

00000000

**Telephone #**

**Extension**

**Fax #**

Digits only, no separators

Digits only, no separators

**Email Address**

tomichigravel@gmail.com

## Confirmation

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



Yes