

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

5/14/2021

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

Larry

Administrator Last Name

Record

Administrator Email

lrecord@deltacounty.com

Select a Permit Number *

M1978172

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Delta County

Name change requires succession of operator application

Salutation

Mr

First Name

Tim

Middle Initial**Last Name**

McCracken

Address 1

295 West 6th Street

Address 2**City**

Delta

State

CO

Zip Code

81416

Telephone #

9708742035

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

tmccracken@deltacounty.com

Inspection Contact Information**Inspection Company Name**

Delta County

Salutation	First Name	Middle Initial	Last Name
Mr	Tim		McCracken

Address 1

295 West 6th Street

Address 2

City	State	Zip Code
Delta	CO	81416

Telephone #

9708742035

Digits only, no separators

Extension**Fax #**

9708740246

Digits only, no separators

Email Address

tmccracken@deltacounty.com

Confirmation

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



Yes