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 *

M2014009

Select Contact Type *

Select all that apply

- [x] Permittee Contact
- [ ] Permitting Contact
- [x] Inspection Contact
- [ ] Additional Annual Fee Contact(s)

Permittee Contact Information

Permittee Company Name

Delta County

Name change requires succession of operator application

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 #

Digits only, no separators

Email Address

tmccracken@deltacounty.com

Inspection Contact Information

Inspection Company Name

Delta County

Salutation	First Name	Middle Initial	Last Name
	Tim		McCracken

Address 1

295 West 6th Street

Address 2

City	State	Zip Code
Delta	CO	81416

Telephone #	Extension	Fax #
9708742035 Digits only, no separators		9708740246 Digits only, no separators

Email Address

tmccracken@deltacounty.com

Confirmation

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

☑ Yes