## **DRMS ePermitting Change of Contact**



General Information					
Submittal Date 7/8/2021 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			Administrator Last Name		
Peggy			Frantz		
Administrator Email gafrantz@yahoo.com					
Select a Permit Number * M2001033					
Select Contact Type * Select all that apply Permittee Contact Permitting Contact Inspection Contact Additional Annual Fee Contact(s)					
Inspection Contact Information					
Inspection Company Name Gagliano Engineering, Inc. For Rough Cut, LLC					
Salutation	First Name		Middle Initial	Last Name	
Mr	Alan			Frantz	
Address 1 Address 2					
15645 County Road GG					
City		State		Zip Code	
Rocky Ford		СО		81067	
Telephone #	Telephone # Extension Fax #				
7192544576 Digits only, no separ	ators		Digits only,	no separators	

gafrantz@yahoo.com

## Confirmation

Have you reviewed all the information provided on this form?  $m{*}$ 

Yes