DRMS ePermitting Change of Contact

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

General Information

Submittal Date

9/13/2021

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

Joseph

Administrator Last Name

Houghton

Administrator Email

jphoughton@csu.org

Select a Permit Number *

M1989116

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

City of Colorado Springs

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Ms	Sandy		Elliott

Address 1

P.O. Box 1575

Address 2

Mail Code 060

City	State	Zip Code
Colorado Springs	CO	809011575

Telephone #	Extension	Fax #
7193857705		7193855153
Digits only, no separators		Digits only, no separators

Email Address

sandy.elliott@coloradosprings.gov

Permitting Contact Information

Permitting Company Name

City of Colorado Springs

Salutation	First Name	Middle Initial	Last Name
Ms	Sandy		Elliott

Address 1	Address 2
P.O. Box 1575	Mail Code 060

City	State	Zip Code
Colorado Springs	CO	809011575

Telephone #	Extension	Fax #
7193857705 Digits only, no separators		7193855153 Digits only, no separators

Email Address

sandy.elliott@coloradosprings.gov

Inspection Contact Information

Inspection Company Name

City of Colorado Springs

Salutation	First Name	Middle Initial	Last Name
Mr	Kelly		Thompson

Address 1	Address 2
P.O. Box 1575	Mail Code 060

City	State	Zip Code
Colorado Springs	CO	809011575

Telephone #	Extension	Fax #
7193857701 Digits only, no separators		7193855153 Digits only, no separators

Email Address

kelly.thompson@coloradosprings.gov

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 Ms

First Name * Kelly

Middle Initial

Last Name * Thompson

Annual Fee Notice Company Name

City of Colorado Springs

Address 1

P.O. Box 1575

Address 2

Mail Code 060

City

Colorado Springs

State

CO

Zip Code

809011575

Telephone #

7193857701

Digits only, no separators

Extension

Fax #

7193855153

Digits only, no separators

Email Address

kelly.thompson@coloradosprings.gov

Remove Existing Contact?

☐ Remove

Salutation Ms

First Name * Sandy

Middle Initial

Last Name * Elliott

Annual Fee Notice Company Name

City of Colorado Springs

Address 1

P.O. Box 1575

Address 2

Mail Code 060

City

Colorado Springs

State

CO

Zip Code

809011575

Telephone #

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Extension

Fax #

7193855153

Digits only, no separators

Email Address

sandy.elliott@coloradosprings.gov

Confirmation

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

☑ Yes