

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

10/29/2021

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

Gloria

Administrator Last Name

Watson

Administrator Email

im_glo@yahoo.com

Select a Permit Number *

P2012011

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Smuggler Gold Mine, LLC

Name change requires succession of operator application

Salutation

Mr

First Name

Shannon

Middle Initial**Last Name**

Murphy

Address 1

C/O Gloria Watson

Address 2

PO Box 773

City

Divide

State

CO

Zip Code

80814

Telephone #

7196604246

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

shannonpmurphy@msn.com

Permitting Contact Information**Permitting Company Name**

Smuggler Gold Mine, LLC

Salutation	First Name	Middle Initial	Last Name
Mr	Shannon		Murphy

Address 1

C/O Gloria Watson

Address 2

PO Box 773

City	State	Zip Code
Divide	CO	80814

Telephone #

7196604246

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

shannonpmurphy@msn.com

Inspection Contact Information**Inspection Company Name**

Smuggler Gold Mine, LLC

Salutation	First Name	Middle Initial	Last Name
Mr	Shannon		Murphy

Address 1

C/O Gloria Watson

Address 2

PO Box 773

City	State	Zip Code
Divide	CO	80814

Telephone #

7196604246

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

shannonmurphy@msn.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

Mr

First Name *

Shannon

Middle Initial

Last Name *

Murphy

Confirmation

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

☒ Yes