DRMS ePermitting Change of Contact

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

General Information

Submittal Date

11/30/2021

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

Amy

Administrator Last Name

VanHorn

Administrator Email

info@flcc.net

Select a Permit Number *

M2001097

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

The Fort Lyon Canal Company

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
	Amy		Van Horn

Address 1

750 Bent Ave.

Address 2

City	State	Zip Code
Las Animas	CO	810540000

Telephone #	Extension	Fax #
7194560720		7194561609
Digits only, no separators		Digits only, no separators

Email Address

info@flcc.net

Permitting Contact Information

Permitting Company Name

The Fort Lyon Canal Company

Salutation	First Name	Middle Initial	Last Name
	Amy		Van Horn

Address 1	Address 2
750 Bent Ave.	

City	State	Zip Code
Las Animas	CO	810540000

Telephone #	Extension	Fax #
7194560720 Digits only, no separators		7194561609 Digits only, no separators

Email Address

info@flcc.net

Inspection Contact Information

Inspection Company Name

The Fort Lyon Canal Company

Salutation	First Name	Middle Initial	Last Name
	Amy		Van Horn

Address 1	Address 2
750 Bent Ave.	

City	State	Zip Code
Las Animas	CO	810540000

Telephone #	Extension	Fax #
7194560720 Digits only, no separators		7194561609 Digits only, no separators

Email Address

info@flcc.net

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 | **First Name** * | **Middle Initial** | **Last Name** *

Karla | Sniff

Annual Fee Notice Company Name

Address 1 | **Address 2**

City | **State** | **Zip Code**

Telephone # | **Extension** | **Fax #**

Digits only, no separators | Digits only, no separators

Email Address

bookkeeper@flcc.net

Confirmation

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

☑ Yes