DRMS ePermitting Change of Contact

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

General Information

Submittal Date

3/2/2022

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

Lynsay

Administrator Last Name

Cormack

Administrator Email

lynsay.cormack@kitcarsoncounty.org

Select a Permit Number *

M1982186

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Kit Carson County

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Ms	Lynsay		Cormack

Address 1

P.O. Box 160

Address 2

City	State	Zip Code
Burlington	CO	808070000

Telephone #	Extension	Fax #
7193468139		7193467242
Digits only, no separators		Digits only, no separators

Email Address

Permitting Contact Information

Permitting Company Name

Kit Carson County

Salutation	First Name	Middle Initial	Last Name
Ms	Lynsay		Cormack

Address 1

P O Box 160

Address 2

City	State	Zip Code
Burlington	CO	808070000

Telephone #	Extension	Fax #
7193468139 Digits only, no separators		7193467242 Digits only, no separators

Email Address

Inspection Contact Information

Inspection Company Name

Kit Carson County

Salutation	First Name	Middle Initial	Last Name
Mr	Dave		Hornung

Address 1

P O Box 160

Address 2

City	State	Zip Code
Burlington	CO	808070000

Telephone #	Extension	Fax #
4027600691 Digits only, no separators		7193467732 Digits only, no separators

Email Address

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** *

Chris | Graff

Annual Fee Notice Company Name

Kit Carson County

Address 1 | **Address 2**

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

000000000

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

Digits only, no separators | Digits only, no separators

Email Address

accounting@kitcarsoncounty.org

Confirmation

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

☑ Yes