

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

3/3/2022

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 *

M2013014

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Kit Carson County

Name change requires succession of operator application

Salutation

Ms

First Name

Lynsay

Middle Initial**Last Name**

Cormack

Address 1

251 16th Street

Address 2

P.O. Box 160

City

Burlington

State

CO

Zip Code

808070000

Telephone #

7193468133

Digits only, no separators

Extension

220

Fax #

7193467242

Digits only, no separators

Email Address

lynsay.cormack@kitcarsoncounty.org

Confirmation

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



Yes