#### **DRMS ePermitting Change of Contact**



## **General Information**

| Su | bmi | ttal | Date |
|----|-----|------|------|
|    |     |      |      |

4/6/2022

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  | Administrator Last Name |  |  |  |
| Michael   | Machone                 |  |  |  |
| Administrator Email mike.machone@ci.lamar.co.us   |                         |  |  |  |
| Select a Permit Number * M1977572   |                         |  |  |  |
| Select Contact Type *  Select all that apply  |                         |  |  |  |
| Permittee Contact ☐ Permitting Contact ☑ Inspection Contact ☐ Additional Annual Fee  Contact(s) |                         |  |  |  |

## **Inspection Contact Information**

**Inspection Company Name** 

| City of Lamar     |            |                |           |
|-------------------|------------|----------------|-----------|
| Salutation        | First Name | Middle Initial | Last Name |
| Mr                | Craig      |                | Brooks    |
|                   |            |                |           |
| Address 1         |            | Address 2      |           |
| 102 East Parmente | er         |                |           |

 City
 State
 Zip Code

 Lamar
 CO
 810520000

Telephone # Extension Fax #

7193362085

Digits only, no separators

Digits only, no separators

#### **Email Address**

craig.brooks@ci.lamar.co.us

# **Confirmation**

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

✓ Yes