## **DRMS ePermitting Change of Contact**



## **General Information**

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6/5/2022

The ePermitting Contact Change form is used to update the contact information for the Permittee, Permitting and/or Inspection contact

Administrator Information				
Administrator First Name	Administrator Last Name			
Wesley	Williams			
Administrator Email nevadavillewes@gmail.com				
Select a Permit Number *				
M2014066				
Select Contact Type *				
Select all that apply				
✓ Permittee Contact ☐ Permitting Contact ☐ Inspection Contact ☐ Additional Annual Fee				
	Contact(s)			

## **Permittee Contact Information**

#### **Permittee Company Name**

Nevadaville Encore, LLC

Name change requires succession of operator application

**Middle Initial** Salutation **First Name Last Name** Williams Mr Wesley

Address 2 Address 1

17115 carlson dr. apt. 1613

City State Zip Code

CO

Telephone # **Extension** Fax #

3036811111

Digits only, no separators

parker

Digits only, no separators

80134

#### **Email Address**

nevadavillewes@gmail.com

# **Confirmation**

Have you reviewed all the information provided on this form?  ${\color{red}^{*}}$ 

Yes