## **DRMS ePermitting Change of Contact**



### **General Information**

Su	bmittal	l Date

7/6/2022

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		
Amy	Brooks		
Administrator Email abrooks@crccllc.com			
Select a Permit Number * M2021033			
Select Contact Type * Select all that apply			
□ Permittee Contact  Permitting Contact □ Inspection Contact □ Additional Annual Fee			
	Contact(s)		

## **Permitting Contact Information**

#### **Permitting Company Name**

Castle Rock Construction Company of Colorado, LLC

Salutation First Name Middle Initial Last Name

Mrs Amy Brooks

Address 1 Address 2

Address 2

6374 S Racine Circle

City State Zip Code

Centennial CO 801110000

Telephone # Extension Fax #

3036886611 3036886685

Digits only, no separators Digits only, no separators

### **Email Address**

abrooks@crccllc.com

# **Confirmation**

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

Yes