

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

8/9/2022

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

Amy

Administrator Last Name

Brooks

Administrator Email

abrooks@crcllc.com

Select a Permit Number *

M2021002

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Castle Rock Construction Company of Colorado, LLC

Name change requires succession of operator application

Salutation

Ms

First Name

Amy

Middle Initial**Last Name**

Brooks

Address 1

6374 South Racine Circle

Address 2**City**

Centennial

State

CO

Zip Code

801110000

Telephone #

3035888253

Digits only, no separators

Extension**Fax #**

3036886685

Digits only, no separators

Email Address

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
6374 South Racine Circle	

City	State	Zip Code
Centennial	CO	801110000

Telephone #	Extension	Fax #
3035888253		3036886611
Digits only, no separators		Digits only, no separators

Email Address

Confirmation

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



Yes