DRMS ePermitting Change of Contact

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

General Information

Submittal Date

8/24/2022

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

Tootie

Administrator Last Name

Crowner

Administrator Email

jcrbshop@aol.com

Select a Permit Number *

M1978266

Select Contact Type *

Select all that apply

- [x] Permittee Contact
- [x] Permitting Contact
- [x] Inspection Contact
- [x] Additional Annual Fee Contact(s)

Permittee Contact Information

Permittee Company Name

Jackson County

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Ms	Tootie		Crowner

Address 1

P.O. Box 488

Address 2

188 Grant Street

City	State	Zip Code
Walden	CO	804800000

Telephone #	Extension	Fax #
9707234481		9707238437
Digits only, no separators		Digits only, no separators

Email Address

jcrbshop@aol.com

Permitting Contact Information

Permitting Company Name

Jackson County

Salutation	First Name	Middle Initial	Last Name
Ms	Tootie		Crowner

Address 1	Address 2
P.O. Box 488	188 Grant Street

City	State	Zip Code
Walden	CO	804800000

Telephone #	Extension	Fax #
9707234481 Digits only, no separators		9707238437 Digits only, no separators

Email Address

jcrbshop@aol.com

Inspection Contact Information

Inspection Company Name

Jackson County

Salutation	First Name	Middle Initial	Last Name
Ms	Tootie		Crowner

Address 1	Address 2
P.O. Box 488	

City	State	Zip Code
Walden	CO	804800000

Telephone #	Extension	Fax #
9707234481 Digits only, no separators		9707234706 Digits only, no separators

Email Address

jcrbshop@aol.com

Annual Fee Notice to Copy

Additional people you would like to receive notices of upcoming annual fee/report due dates

Remove Existing Contact?

☐ Remove

Salutation | **First Name** * | **Middle Initial** | **Last Name** *

Ekho | Wyatt

Annual Fee Notice Company Name

Jackson County

Address 1 | **Address 2**

City | **State** | **Zip Code**

Telephone # | **Extension** | **Fax #**

Digits only, no separators | Digits only, no separators

Email Address

ewyattdeptreas@gmail.com

Remove Existing Contact?

☐ Remove

Salutation | **First Name** * | **Middle Initial** | **Last Name** *

Ms. | Tootie | Crowner

Annual Fee Notice Company Name

Jackson County

Address 1

PO Box 458

Address 2

396 LaFever Street

City | **State** | **Zip Code**

Walden | CO | 80480

Telephone #

9707234220

Digits only, no separators

Extension

Fax #

Digits only, no separators

Email Address

ewyattdeptreas@gmail.com

Confirmation

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

☑ Yes