DRMS ePermitting Change of Contact

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

General Information

Submittal Date

9/22/2022

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

Michael

Administrator Last Name

Golliher

Administrator Email

mgolliher@petelien.com

Select a Permit Number *

M1977304

Select Contact Type *

Select all that apply

☑ Permittee Contact ☑ Permitting Contact ☑ Inspection Contact ☑ Additional Annual Fee Contact(s)

Permittee Contact Information

Permittee Company Name

Pete Lien & Sons, Inc.

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Mr	Michael		Golliher

Address 1

P.O. Box 440

Address 2

City	State	Zip Code
Rapid City	SD	577090440

Telephone #

6059392719

Digits only, no separators

Extension

Fax #

Digits only, no separators

Email Address

mgolliher@petelien.com

Permitting Contact Information

Permitting Company Name

Pete Lien & Sons, Inc.

Salutation	First Name	Middle Initial	Last Name
Mr	Michael		Golliher

Address 1

P.O. Box 440

Address 2

City	State	Zip Code
Rapid City	SD	577090000

Telephone #	Extension	Fax #
6053427224 Digits only, no separators		Digits only, no separators

Email Address

mgolliher@petelien.com

Inspection Contact Information

Inspection Company Name

Pete Lien & Sons, Inc.

Salutation	First Name	Middle Initial	Last Name
Mr	Michael		Golliher

Address 1

P.O. Box 440

Address 2

City	State	Zip Code
Rapid City	SD	577090000

Telephone #	Extension	Fax #
6053427224 Digits only, no separators		Digits only, no separators

Email Address

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 *
Ms	Danielle		Wiebers

Annual Fee Notice Company Name

Address 1 **Address 2**

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

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

Digits only, no separators Digits only, no separators

Email Address

dwiebers@petelien.com

Confirmation

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

☑ Yes