DRMS ePermitting Change of Contact

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

General Information

Submittal Date

10/11/2022

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

Tracy

Administrator Last Name

Grimes

Administrator Email

yuccaridgesand@zimbracloud.com

Select a Permit Number *

M2009077

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Tracy and Ed Grimes

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Mr	Tracy or Ed		Grimes

Address 1

47570 Hwy. 24

Address 2

P O Box 399

City	State	Zip Code
Limon	CO	808280000

Telephone #

7197401898

Digits only, no separators

Extension

Fax #

Digits only, no separators

Email Address

yuccaridgesand@zimbracloud.com

Permitting Contact Information

Permitting Company Name

Regulatory Permits Management Inc.

Salutation	First Name	Middle Initial	Last Name
Mr	Bruce		Humphries

Address 1	Address 2
25049 E. Alder Drive	

City	State	Zip Code
Aurora	CO	800160000

Telephone #	Extension	Fax #
3038547499 Digits only, no separators		Digits only, no separators

Email Address

hlhumphries2@comcast.net

Inspection Contact Information

Inspection Company Name

Yucca Ridge Sand & Gravel

Salutation	First Name	Middle Initial	Last Name
Mr	Tracy or Ed		Grimes

Address 1	Address 2
47570 Hwy. 24	P O Box 399

City	State	Zip Code
Limon	CO	808280000

Telephone #	Extension	Fax #
7197401898 Digits only, no separators		7197752524 Digits only, no separators

Email Address

yuccaridgesand@zimbracloud.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** *

Ed | Grimes

Annual Fee Notice Company Name

Address 1 | **Address 2**

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

000000000

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

Digits only, no separators | Digits only, no separators

Email Address

tdgrimes@zimbracloud.com

Confirmation

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

☑ Yes