## **DRMS ePermitting Change of Contact**



## **General Information**

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4/4/2023

The ePermitting Contact Change form is used to update the contact information for the Permittee, Permitting and/or Inspection contact

# Administrator Information

**Administrator First Name Administrator Last Name** 

Stephen Glass

**Administrator Email** 

sglass@gaultgroup.com

Select a Permit Number \*

P2020011

Select Contact Type \*

Select all that apply

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

# **Permitting Contact Information**

#### **Permitting Company Name**

Gault Group, LLC

Salutation **First Name Middle Initial Last Name** 

Е Mr Stephen Glass

Address 1 Address 2

5223 North 24th Street. #201

City State **Zip Code** 

Phoenix ΑZ 85016

Telephone # **Extension** Fax #

9707398392

Digits only, no separators Digits only, no separators

## **Email Address**

dnr\_drmsminadmin@state.co.us

# **Confirmation**

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

