## **DRMS ePermitting Change of Contact**



### **General Information**

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6/29/2023

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			
Daniel	Penfield			
Administrator Email safety@coloradostonequarries.com				
Select a Permit Number * M1999058				
Select Contact Type * Select all that apply				
Permittee Contact Permitting Contact Inspection Contact	act Additional Annual Fee  Contact(s)			

### **Permittee Contact Information**

# **Permittee Company Name**

Colorado Stone Quarries, Inc.

Name change requires succession of operator application

Salutation **First Name Middle Initial Last Name** Penfield Mr Daniel

Address 1 Address 2

1734 Hwy 50E

City State Zip Code

CO 814160000 Delta

Telephone # **Extension** Fax #

9708746118

Digits only, no separators Digits only, no separators

#### **Email Address**

safety@csqmarble.com

# **Confirmation**

Have you reviewed all the information provided on this form?  ${\color{red}^{*}}$ 

Yes