DRMS ePermitting Change of Contact



General Information

Su	bmi	ttal	Date

8/9/2023

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	Administrator Last Name		
Rick	Furrow		
Administrator Email scroadbridge@gmail.com			
Select a Permit Number *			
M1997061			
Select Contact Type *			
Select all that apply			
✓ Permittee Contact ☐ Permitting Contact ☐ Inspection Contact ☐ Additional Annual Fee			
	Contact(s)		

Permittee Contact Information

Permittee Company Name

Sedgwick County

Name change requires succession of operator application

Salutation First Name Middle Initial Last Name

Mr Kacey Campbell

Address 1 Address 2

223 S. Cedar

City State Zip Code

Julesburg CO 807370000

Telephone # Extension Fax #

9704743576 9704743558

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? ${\color{red}^{*}}$

Yes