## **DRMS ePermitting Change of Contact**



General Information				
<b>Submittal Date</b> 10/3/2023				
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	
Jim		Reed		
Administrator Email mac.reed@icloud.com				
Select a Permit Number * M2018064				
Select Contact Type *				
Select all that apply				
Permittee Contact Permitting Contact Inspection Contact Additional Annual Fee Contact(s)				
Permittee Contact Information				
Permittee Company Name 2nd Generation Mining, LLC Name change requires succession of operator application				
Salutation	First Name		Middle Initial	Last Name
Mr	Jim			Reed
Address 1 Address 2				
11786 Shadow Trail Drive SW				
City		State		Zip Code
Brainerd		MN		56401
Tolonbono #		Extension	Eav #	
Telephone #		Extension	Fax #	
2183305697 Digits only, no separa	ators		Digits only, r	no separators

mac.reed@icloud.com

## Confirmation

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

Yes