#### **DRMS ePermitting Change of Contact**



## **General Information**

Su	bmitta	ıl Date

12/5/2023

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		
Mallory	Pottorff		
Administrator Email highbury.mpottorff@gmail.com			
Select a Permit Number * M1979094HR			
Select Contact Type * Select all that apply			
<ul> <li>□ Permittee Contact</li> <li>☑ Permitting Contact</li> <li>☑ Inspection Contact</li> <li>☑ Additional Annual Fee</li> <li>Contact(s)</li> </ul>			

## **Permitting Contact Information**

Permitting Cor	mpany Name				
Highbury Resources Inc.					
Salutation	First Name	Middle Initial	Last Name		
Ms	Mallory		Pottorff		

Address 1 Address 2

PO BOX 700

City State Zip Code

Nucla co 81424

Telephone # Extension Fax #

9708647347

Digits only, no separators

Digits only, no separators

#### **Email Address**

highbury.mpottorff@gmail.com

# **Confirmation**

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

