

DRMS ePermitting Change of Contact



COLORADO
Division of Reclamation,
Mining and Safety
Department of Natural Resources

General Information

Submittal Date

4/29/2024

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

Karen

Administrator Last Name

Horner

Administrator Email

karen@hecinc.net

Select a Permit Number *

M1994096

Select Contact Type *

Select all that apply

☐ Permittee Contact ☒ Permitting Contact ☐ Inspection Contact ☐ Additional Annual Fee
Contact(s)

Permitting Contact Information

Permitting Company Name

Glacier Rock Company

Salutation

First Name

Middle Initial

Last Name

Karen

Horner

Address 1

Address 2

PO Box 363

City

State

Zip Code

Wellington

CO

80549

Telephone

Extension

Fax

9705661918

Digits only, no separators

Digits only, no separators

Email Address

karen@hecinc.net

Confirmation

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



Yes