DRMS ePermitting Change of Contact



General Info	rmation			
Submittal Date 5/20/2024				
The ePermitting Conta information.	ct Change form is used to	o update the contact in	formation for the Permitte	ee, Permitting and/or Inspection contact
Administrator In	formation			
Administrator First	Name		Administrator Last Na	ame
Joseph			Houghton	
Administrator Emai	I			
Select a Permit Nur M1977210	nber *			
Select Contact Type Select all that apply Permittee Contact		Inspection Contac	t 🖉 Additional Annual F Contact(s)	-ee
	Notice to Copy		enort due dates	
Remove Existing Co	ontact?			
Salutation	First Name *		Middle Initial	Last Name *
Mr.	David			Deitemeyer
Annual Fee Notice				
Address 1 1401 Recreation Way			Address 2	
City		State		Zip Code
Colorado Springs		СО		80905

Telephone #	Extension
193856515	Fax #
Digits only, no separators	Digits only, no separators
Email Address	
David.Deitemeyer@coloradosprin	
js.gov	
Confirmation	
	n nyovided on this form? *
Have you reviewed all the inform	a provided on this form?