DRMS ePermitting Change of Contact



General Information

Su	bmittal	l Date

8/12/2024

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	Administrator Last Name
Brandon	Wallace
Administrator Email bwallace@montrosecounty.net	
Select a Permit Number * M2009042	
Select Contact Type * Select all that apply	
✓ Permittee Contact ☐ Permitting Contact ☐ Inspection Contact	act Additional Annual Fee Contact(s)

Permittee Contact Information

Permittee	Company	Name
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Montrose County

Name change requires succession of operator application

SalutationFirst NameMiddle InitialLast NameMrBrandonWallace

Address 1 Address 2

63160 LaSalle Rd

City State Zip Code

Montrose CO 81401

Telephone # Extension Fax #

9702527003

Digits only, no separators

Digits only, no separators

Email Address

bwallace@montrosecounty.net

Confirmation

Have you reviewed all the information provided on this form? ${\color{red}^{*}}$

Yes