DRMS ePermitting Change of Contact

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

General Information

Submittal Date

10/10/2024

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

Administrator Email

Select a Permit Number *

M2013014

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Kit Carson County

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Ms	Theresa		Korbelik

Address 1

251 16th Street

Address 2

P.O. Box 160

City	State	Zip Code
Burlington	CO	808070000

Telephone #	Extension	Fax #
7193468133	220	7193467242
Digits only, no separators		Digits only, no separators

Email Address

theresa.korbelik@kitcarsoncounty.org

Confirmation

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

☑ Yes