

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 *

M2006049

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

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

Permitting Contact Information**Permitting Company Name**

Kit Carson County

Salutation

Mr

First Name

Dave

Middle Initial**Last Name**

Hornung

Address 1**Address 2**

P.O. Box 160

City

Burlington

State

CO

Zip Code

808070000

Telephone #

7193468133

Digits only, no separators

Extension**Fax #**

7193467242

Digits only, no separators

Email Address**Confirmation**

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



Yes