

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

10/23/2024

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

Michelle

Administrator Last Name

Hashbarger

Administrator Email

mhashbarger@saguachecounty-co.gov

Select a Permit Number *

M1990114

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Saguache County

Name change requires succession of operator application

Salutation

Mr

First Name

Elvie

Middle Initial

Last Name

Samora

Address 1

P.O. Box 476

Address 2

City

Saguache

State

CO

Zip Code

811490000

Telephone

7196552554

Digits only, no separators

Extension

Fax

7196552543

Digits only, no separators

Email Address

esamora@saguachecounty-co.gov

Inspection Contact Information**Inspection Company Name**

Elvie Samora

Salutation

Mr.

First Name

Elvie

Middle Initial**Last Name**

Samora

Address 1

PO Box 476

Address 2**City**

Saguache

State

CO

Zip Code

811490000

Telephone #

7196552554

Digits only, no separators

Extension**Fax #**

7196552543

Digits only, no separators

Email Address

esamora@saguachecounty-co.gov

Confirmation

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



Yes