## **DRMS ePermitting Change of Contact**



## **General Information**

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10/31/2024

The ePermitting Contact Change form is used to update the contact information for the Permittee, Permitting and/or Inspection contact information

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Administrator First Name

Glass

**Administrator Last Name** 

Stephen

**Administrator Email** 

sglass@gaultgroup.com

Select a Permit Number \*

P2023012

Select Contact Type \*

Select all that apply

■ Permittee Contact Permitting Contact Inspection Contact Additional Annual Fee Contact(s)

## **Permitting Contact Information**

#### **Permitting Company Name**

Gault Group, LLC

Salutation First Name Middle Initial Last Name

Stephen E Glass

Address 1 Address 2

5223 N 24th St

City State Zip Code

Phoenix AZ 850160000

Telephone # Extension Fax #

9707398392

Digits only, no separators

Digits only, no separators

## **Email Address**

sglass@gaultgroup.com

# **Confirmation**

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

Yes