

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

7/2/2025

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

Angela

Administrator Last Name

Bellantoni

Administrator Email

angela@envalternatives.com

Select a Permit Number *

M2003021

Select Contact Type *

Select all that apply

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

Inspection Contact Information

Inspection Company Name

Amrize West Central Inc

Salutation

Mr

First Name

Wyatt

Middle Initial**Last Name**

Webster

Address 1

1687 Cole Blvd.

Address 2

Suite 300

City

Golden

State

CO

Zip Code

80401

Telephone #

7023794623

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

wyatt.webster@amrize.com

Confirmation

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



Yes