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	First Name	Middle Initial	Last Name
Mr	Walt		Wright

Address 1

1687 Cole Blvd.

Address 2

Suite 300

City	State	Zip Code
Golden	CO	80401

Telephone #

3034068593

Digits only, no separators

Extension

Fax #

Digits only, no separators

Email Address

walter.wright@amrize.com

Confirmation

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

- [x] Yes