DRMS ePermitting Change of Contact



General Information									
Submittal Date 7/3/2025									
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		Administrator Last Name							
Angela	Angela		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)									
Annual Fee Notice to Copy Additional people you would like to receive notices of upcoming annual fee/report due dates									
Remove Existing Contact? Remove									
Salutation Mr	First Name [*] Jason		Middle Initial	Last Name * Ulmer					
Remove Existing Contact?									
Salutation	First Name [*] Wyatt		Middle Initial	Last Name * Webster					
Annual Fee Notice Company Name Amrize West Central Inc.									
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 separa	Fax # Digits only, no separators	
Email Address wyatt.webster@am	irize.com				
Remove Existing	J Contact?				
Salutation	First Name [*] Kurt		Middle Initial	Last Name [*] Thurman	
Annual Fee Notion Amrize West Centre	ce Company Name al Inc.				
Address 1 1687 Cole Blvd			Address 2 Suite 300		
City Golden		State CO		Zip Code 80401	
Telephone # 7203298851 Digits only, no sepa	rators	Extension	Fax # Digits only, no separa	ators	
Email Address kurt.thurmann@am	nrize.com				
Confirmati	on				
Have you rev	iewed all the informat	ion provided on thi	s form? *		