



**SOUTHERN UTE INDIAN TRIBE  
FEDERAL MINOR NEW SOURCE REVIEW PROGRAM IN INDIAN  
COUNTRY**

**Change in Contact Information Notification**  
(Form INFO)

**Please check boxes below to show how you are using this form. Check all that apply.**

For a change in the ownership or the operator provide information from Form OWN  
For a change in the location (portable sources only) provided information from Form LOC

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Company Name Change</b>     | <input type="checkbox"/> <b>Mailing Address Change</b>  |
| <input type="checkbox"/> <b>Company Contact Change</b>  | <input type="checkbox"/> <b>Email Address Change</b>    |
| <input type="checkbox"/> <b>Operator Name Change</b>    | <input type="checkbox"/> <b>Telephone Number Change</b> |
| <input type="checkbox"/> <b>Operator Contact Change</b> | <input type="checkbox"/> <b>Facsimile Number Change</b> |
| <input type="checkbox"/> <b>Facility Name Change</b>    |   |
| <input type="checkbox"/> <b>Facility Contact Change</b> |   |

The following is a check list of the type of information that the Tribe will use to process information on your proposed project. While submittal of this form is not required, it does offer details on the information we will use to complete your requested approval and providing the information requested may help expedite the process.

**Please submit information to:**

[airquality@southernute-nsn.gov](mailto:airquality@southernute-nsn.gov)

Or: Southern Ute Indian Tribe  
Environmental Programs Department  
Air Quality Division  
P.O. Box 737 MS #84  
Ignacio, CO 81137

For more information, visit:

<https://www.southernute-nsn.gov/government/departments/epd/air-quality/src-review-permit/>

**A. PREVIOUS COMPANY INFORMATION**

<b>Company Name</b>	
<b>Company Contact</b>	<b>Title</b>
<b>Mailing Address</b>	
<b>Email Address</b>	
<b>Telephone Number</b>	<b>Facsimile Number</b>

**B. NEW COMPANY INFORMATION**

<b>Company Name</b>	
<b>Company Contact</b>	<b>Title</b>
Mailing Address	
Email Address	
Telephone Number	Facsimile Number

**C. PREVIOUS OPERATOR INFORMATION**

<b>Operator Name</b>	
<b>Operator Contact</b>	<b>Title</b>
Mailing Address	
Email Address	
Telephone Number	Facsimile Number

**D. NEW OPERATOR INFORMATION**

<b>Operator Name</b>	
<b>Operator Contact</b>	<b>Title</b>
Mailing Address	
Email Address	
Telephone Number	Facsimile Number

**E. PREVIOUS FACILITY INFORMATION**

<b>Facility Name</b>	
<b>Facility Contact</b>	<b>Title</b>
Mailing Address	
Email Address	
Telephone Number	Facsimile Number

**F. NEW FACILITY INFORMATION**

<b>Facility Name</b>	
<b>Facility Contact</b>	<b>Title</b>
Mailing Address	
Email Address	
Telephone Number	Facsimile Number