

INSPECTION REQUEST FORM

IN THE BELOW AREAS, PLEASE PROVIDE THE NECESSARY INFORMATION TO PROCESS AND SCHEDULE AN INSPECTION WITH THE ELEVATOR SAFETY UNIT. BY PROVIDING COMPLETE AND ACCURATE INFORMATION, YOU WILL ASSURE TIMELY PROCESSING. FAILURE TO PROVIDE COMPLETE INFORMATION MAY DELAY YOUR REQUEST.

SITE NAME: _____
 SITE ADDRESS: _____
 SITE CITY: _____ COUNTY _____

BILLING NAME: _____
 BILLING ADDRESS: _____
 BILLING CITY: _____ COUNTY _____

REGISTRATION #'s

U1	U2	U3	U4	U5	U6	U7	U8

TYPE OF REQUEST:

- _____ CONSTRUCTION HOIST
- _____ FINAL **RE-INSPECTION** (any follow-up of a FINAL) ____/____/____ (Date of Last Inspection)
- _____ ANNUAL INSPECTION (existing unit)
- _____ TEST _____ (5 YEAR) _____ (1 YEAR) _____ (ESCALATOR)
- _____ **RE-INSPECTION** (a follow-up of any inspection EXCEPT A NEW INSTALLATION OR SEAL-OUT)
- _____ SEAL-OUT RE-INSPECTION

REQUESTED INSPECTION DATE _____

REQUESTING COMPANY _____ PHONE _____
 PERSON REQUESTING _____ FAX # _____
 TODAYS DATE _____ DLLR License # _____
 CONTRACT DATE _____

CONFIRMATION DATE: _____ TIME: _____ CONFIRMED BY: _____