

Please provide the necessary information to process and schedule an inspection with the Elevator Safety Unit. You will assure timely processing by providing complete and accurate information.

Location Information

Site Name:		
Site Address:	City:	County:

Unit Registration Numbers

U1:	U2:	U3:	U4:
-----	-----	-----	-----

Inspection Request Date:	Time:	Today's Date:
Name of Owner Requesting:		Phone:
Owner's Signature:		

Reason for an elevator to be out of service temporary:
--

OFFICE USE ONLYAPPROVED ☐ DISAPPROVED ☐

Confirmation Date :	Time:
Confirmed By:	