**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 ONLY**

**APPROVED ☐ DISAPPROVED ☐**

|  |  |
| --- | --- |
| **Confirmation Date :** | **Time:** |
| **Confirmed By:** | |