

INSPECTION REQUEST  
**INTAKE INFORMATION**

BUSINESS/BUILDING NAME:

SERVICE LOCATION ADDRESS:

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**CONTACT PERSON**

NAME AND TITLE:

WORK ADDRESS (IF DIFFERENT THAN ABOVE):

EMAIL ADDRESS:

OFFICE PHONE:

CELL PHONE:

**ELEVATOR COMPANY INFO**

ELEVATOR COMPANY AND CITY:

HAVE YOU RECEIVED AN INSPECTION DUE NOTICE FROM THE STATE? YES: NO:

HAVE YOU LET YOUR ELEVATOR CO. KNOW YOUR INSPECTION IS DUE? YES: NO:

**CONVEYANCE INFO**, IF KNOWN...INCLUDING STATE ID NUMBERS, TYPES OF ELEVATORS, OPERATING CERTIFICATE EXPIRATION DATES (If we already have this info or it is unknown to you, feel free to leave blank.):

**BILLING INFO**

IS YOUR BILLING INFO THE SAME AS LAST TIME? YES: NO:

**IF NO, OR YOU ARE A NEW CUSTOMER, PLEASE PROVIDE YOUR BILLING INFORMATION BELOW (INCLUDE PHYSICAL ADDRESS AND EMAIL ADDRESS, AND LET US KNOW IF YOU PREFER THAT WE EMAIL YOUR INVOICE):**

**DO YOU NEED US TO SEND EITHER OF THE FOLLOWING ITEMS?**

W-9 FORM: YES: NO: CERTIFICATE OF INSURANCE (COI): YES: NO:

(If you require a COI, we will email you a Request Form our Insurance Broker requires us to submit to them. Also, if you have specific requirements, please email those details to: [sandy@superiorelevatorinspections.com](mailto:sandy@superiorelevatorinspections.com).)

**IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW?**