



Vertical Assessment Associates

Facsimile

Cover sheet

1/8/09 4:41 PM

TO:

FAX:

FROM: VERTICAL ASSESSMENT ASSOCIATES

8830 FREEDOM ROAD, TALLAHASSEE, FL 32305

850-210-0401 TELEPHONE / 866-896-0401 TOLL FREE / 850-210-0085 FAX

www.verticalassessment.com / E-mail: info@verticalassessment.com

WE NOW ACCEPT PAYMENT BY CREDIT CARD FOR YOUR CONVENIENCE

This transmission consists of 1 pages including cover sheet and an information sheet for you.

Please fill out and return fax to us.

Alabama has mandated that Annual Inspections will be \$90.00 per unit, per inspection.

Contact: _____ Phone: _____

Email Address: _____

Company: _____

Building Name: _____

Address: _____

City & State & Zip: _____

County: _____ Elevator Maintenance Company: _____

Bill to: (If different than above)

(If you do not know which type of elevator you have please fill in the # of stops and put a "?" in the elevator type)

Type of Elevator/Equipment:

Hydraulics - # of: _____ Stops-# of: _____ / Traction - #of: 2 Stops-#of: 5
AL35895 & AL35896

Other equip _____

Please schedule my equipment for inspection at your earliest convenience:

Signature: _____

Date: _____

Print Name: