



Facsimile

Cover sheet

TO: VERTICAL ASSESSMENT ASSOCIATES
8830 FREEDOM ROAD, TALLAHASSEE, FL 32305
850-210-0401 office 866-896-0401 toll free 850-210-0085 fax
www.verticalassessment.com

For all your elevator inspection and consulting needs.
WE NOW ACCEPT PAYMENT BY CREDIT CARD FOR YOUR CONVENIENCE

Please fill out and fax to Vertical Assessments at 850-210-0085

Contact: _____

Company: _____

Email: _____ Phone: _____

Building Name: _____

Address: _____

City & State & Zip: _____

County: _____ Elevator Maintenance Company: _____

Bill to: (If different than above)

Type of Inspection needed: Annual Code Inspection: _____ Test Witness: _____

(If you do not know which type of elevator you have – we can look that up for you – just leave this section blank)

Type of Elevator/Equipment:

Hydraulics - # of: _____ Stops-# of: _____ / Traction - #of: _____ Stops-#of: _____

Other equip _____

Please schedule my equipment for inspection at our earliest convenience:

Signature: _____ Date: _____

Print Name: