



Elevator Request Form

8830 Freedom Road, Tallahassee, FL 32305
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Email: info@vaafll.com www.verticalassessment.com

WE NOW ACCEPT PAYMENT BY CREDIT CARD FOR YOUR CONVENIENCE

Please fill out and return fax or email to us.

Contact: _____ Phone: _____

Email Address: _____

Company: _____

Building Name: _____

Building 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 the elevator serial # or 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: _____ Stops-#of: _____

OR

Elevator serial # _____

Please schedule my equipment for inspection at your earliest convenience:

Signature: _____ Date: _____

Print Name: