

ALPS Elevator Inspection Services

PO Box 605

Buffalo, New York 14207-0605

Phone: 842-6117

Fax: 852-0831

Please complete and Fax to: 852-0831 or email to: sharon@alpselevator.com

In order to expedite your quote we need the following information:

Please attach last inspection report and any insurance or contract requirements, documents sent after may require a readjustment in the quote pricing.

Business Name: _____

Billing Address: _____

City: _____ State _____ Zip Code _____

Contact Name: _____ Title: _____

Email: _____ Cell: (____) _____

Phone Number: (____) _____ EXT _____ Fax: (____) _____

Contact for A/P: Name: _____ Email or phone _____

Elevator Maintenance Company _____

Name of Local Jurisdiction having authority: _____

(Circle one: City, Town, or Village)

Additional requirements at site: Check any that apply **include cost:**

Safety Class

Drug Testing

ID Badges

Background Check

Vendor Compliance

Other

Paid Parking

Any fee based requirement

\$Amount

1. Number of ALL Elevators [Passenger and Freight]		
2. Number of Escalators		
3. Number of wheelchair lifts [Handicapped lift]		
4. Number of material lifts [Dumbwaiter/ Sidewalk lift]		
5. Any other special purpose lifts [Stage lift, etc.]		
	Total of 1-5	
Number of separate locations with elevating devices:		

Addresses of Elevator(s) (if different than above, or remote locations)

_____	_____
_____	_____
_____	_____