

CHANGE OF: OWNERSHIP BUILDING/SITE NAME MAILING ADDRESS

ELEVATOR SAFETY INSPECTION 1100 N. EUTAW STREET, ROOM 601-605 BALTIMORE, MD 21201

elevator.safety@maryland.gov

Be sure to sig	gn and date this form.						
	hange of Ownership	Change in Bui	lding/Site N	Jame C	hange in Address		
	Owner Name (individual, Partnership, Corporation)					Owner Phone	
OWNER	Owner Street Address (or name and address of Agent/Management Company)				City, State, Zip		
SITE	Site Name (individual, Partnership, Corporation)			County		Site Location Phone	
	Site Street Address			Site City, State, Zip			
	Type of Facility (i.e., School, Church, Office Building, etc.)						
DIEACE ENT	PED CEDTIEICATE M		S DELOW:	k			
MAIL	FER CERTIFICATE MAILING ADDRESS BELOW * Mail Name (individual, Partnership, Corporation)			County	County Mail Location Phone		
	Mail Street Address			Mail City, State, Zip			
			T			T	
Owner / Lessee Representative Name			Title			Representative Phone	
The changes r	made above applies to th	e following unit reg	gistration nu	ımbers: (exa	mple: MT1234)		
multiple forn	e check to be sure you i ns. Thank you.		_		_		
Signature of	Owner or Lessee:						
Date:							

Telephone Number: (410) 767-2990 • Fax Number: (410) 333-7721 E-mail: <u>elevator.safety@maryland.gov</u>