

# Be sure to sign and date this form.

**CHANGE OF: OWNERSHIP BUILDING/SITE NAME MAILING ADDRESS**

**ELEVATOR SAFETY INSPECTION**

**10946 GOLDEN WEST DR, #160**

**HUNT VALLEY, MD 21031**

elevator.safety@maryland.gov

[ ]  Change of Ownership **[ ]** Change in Building/Site Name**[ ]** Change in Address

|  |  |  |
| --- | --- | --- |
| **OWNER** | **Owner Name (individual, Partnership, Corporation)** | **Owner Phone** |
|  |  |
| **Owner Street Address (or name and address of Agent/Management Company)** | **City, State, Zip** |
|  |  |
|  | **Owner Email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.)*** |
|  |

\* PLEASE ENTER CERTIFICATE MAILING ADDRESS BELOW \*

|  |  |  |  |
| --- | --- | --- | --- |
| **MAIL** | **Mail Name (individual, Partnership, Corporation)** | **County** | **Mail Location Phone** |
|  |  |  |
| **Mail Street Address** | **Mail City, State, Zip** |
|  |  |
| **Mailing Email** |
| **Owner / Lessee Representative Name** | **Title** | **Representative Phone** |
|  |  |  |

The changes made above applies to the following unit registration numbers: *(example: MT1234)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# Please double check to be sure you include ALL UNITS at this particular site. For multiple sites, please use multiple forms. Thank you.

**Signature of Owner or Lessee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

Telephone Number: (410) 767-2990 • Fax Number: (410) 333-7721 E-mail: elevator.safety@maryland.gov Rev. 11/23