ALPS Elevator Inspection Services, Inc.

New York State Qualified Third Party Elevator Inspectors

P.O. Box 605 Buffalo, New York 14207-0605 Phone: (716) 842-6117

Fax: (716) 852-0831

Request for Quote

ompany			Contact Name	
ddress			Title	
ity			Phone	
tate: NY	Zip Code + 4		Fax	
County			Date	
		Elevat	ors	
		Description		Number
1. Nu	umber of separate locat			
2. To	Total number of elevators (passenger and freight)			
Number of wheelchair lifts (handicapped lifts only)				
4. Number of material lifts (dumbwaiters/sidewalk lifts)				
	ny of special purpose lift		,	
	,	(* **)	Total of 2-5	
			10(4) 01 2 0	
Addresses of elevator(s) if different than above or remote locations:				
Additio	onal Comments:			

Please fax to (716) 852-0831. Thank you.

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