



# Facsimile

Cover sheet

**FROM:** \_\_\_\_\_

**TO: VERTICAL ASSESSMENT ASSOCIATES**  
*For all of your elevator inspection and consulting needs....*  
**8830 FREEDOM ROAD, TALLAHASSEE, FL 32305**  
**866-896-0401 TOLL FREE / 850-210-0401 / 850-210-0085 FAX**  
**See our Web Site: [www.verticalassessment.com](http://www.verticalassessment.com)**

***WE NOW ACCEPT PAYMENT BY CREDIT CARD FOR YOUR CONVENIENCE***

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**Please fill out and return fax or e-mail to us.**

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Building Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State & Zip: \_\_\_\_\_

County: \_\_\_\_\_ Elevator Maintenance Company: \_\_\_\_\_

Bill to: (If different than above)

(If you do not know which 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: \_\_\_\_\_

Other equip \_\_\_\_\_

Please schedule my equipment for inspection at your earliest convenience:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name:

\*\*Please send me information on your annual inspection program: \_\_\_ Y \_\_\_ N