

CHANGE OF: OWNERSHIP BUILDING/SITE NAME MAILING ADDRESS

ELEVATOR SAFETY INSPECTION 10946 GOLDEN WEST DR, #160 HUNT VALLEY, MD 21031

elevator.safety@maryland.gov

| 1 1 (| Change of Ownership | Change in Building/ | Site Name | Change in Ac | ddress | | |
|-----------------------------------|--|-------------------------|------------------|----------------------------|---------------|----------------------|--|
| | Owner Name (individual, Partnership, Corporation) | | | | Owner Phone | | |
| OWNER | 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.) | | | | | | |
| LEASE EN | TER CERTIFICATE MAI | LING ADDRESS BEI | LOW * | | | | |
| MAIL | Mail Name (individual, Partnership, Corporation) | | County | County | | Mail Location Phone | |
| | Mail Street Address | | | Mail City, State, Zip | | | |
| | Mailing Email | Title | , | | 1 | | |
| wner / Lessee Representative Name | | | | | | Representative Phone | |
| | | allowing unit registrat | ion numbors: (a | xample: MT12 | 234) | | |
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| Please doubl | de check to be sure you incoms. Thank you. | | | | Itiple sites, | please use | |