



**Commonwealth of Massachusetts**  
**Department of Public Safety**  
**APPEAL FROM BOARD OF ELEVATOR**  
**REGULATIONS DECISION**

Please send application to:  
 Department of Public Safety, Board of Elevator Appeals, 1 Ashburton Place, Room 1301, Boston, MA 02108

Name of owner: \_\_\_\_\_

Address of owner: \_\_\_\_\_

E-mail of owner: \_\_\_\_\_ Telephone number of owner: \_\_\_\_\_

State ID Number: \_\_\_\_\_

In accordance with the Provisions of Chapter 439 of the Acts of 1959, an appeal is hereby made from the \_\_\_\_\_ of the Board of Elevator Regulations relative to the installation, (decision)

alteration or proposed installation of an elevator located at:

\_\_\_\_\_, \_\_\_\_\_.  
 (address) (city/town)

Said \_\_\_\_\_ is as follows:  
 (decision)

Basis for appeal (please use additional page if necessary): \_\_\_\_\_

Date on which decision or notice was received from the Board of Elevator Regulations: \_\_\_\_\_

Signed \_\_\_\_\_  
 (Appellant)

Date received \_\_\_\_\_