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| Seal.jpg | **Commonwealth of Massachusetts**  **Division of Professional Licensure**  **Office of Public Safety and Inspections**  **APPEAL FROM BOARD OF ELEVATOR REGULATIONS DECISION**  **Send to: Office of Public Safety and Inspections, Elevator Division, 1000 Washington Street,**  **Suite 710, Boston, MA 02118** |

***Note: You may complete this appeal through our IPS online portal.***

**Name of owner:**

**Address of owner:**

**E-mail of owner:**

**Telephone number of owner:**      

**State ID Number:**

**In accordance with MGL c 143, § 70 (b) an appeal is hereby made from a decision of the Board of Elevator Regulations relative to the installation, alteration or proposed installation of an elevator located at:**

**Street Address:**

**City:**      

**Decision is as follows:**

**Basis for appeal (please use additional page necessary):**

**Date decision or notice was received from the Board of Elevator Regulations:**

**Appellant’s signature:**

***By typing your name above you agree that it is valid as your signature.***

**Date:**      