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| Seal.jpg | **Commonwealth of Massachusetts**  **Division of Occupational Licensure**  **Office of Public Safety and Inspections**  **APPEAL FROM BOARD OF ELEVATOR REGULATIONS DECISION**  **Send to Board of Elevator Regulations, Office of Public Safety and Inspections,**  **Elevator Division, One Federal Street, Boston MA 02110-2012** |

***Note: To expedite processing, 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:**

**NOTE: Per M.G.L. c. 143, § 70 (b), you must appeal a decision of the Board of Elevator Regulations within 30 days of receipt. Appeals not filed within this timeframe shall not be accepted.**

**Applicant’s Name:**

**Appellant’s signature:**

***I certify under pains and penalties of perjury that the information contained in this petition and accompanying documents is true and correct, to the best of my knowledge.***

**Date:**      