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|  | **Commonwealth of Massachusetts** **Division of Occupational Licensure****Office of Public Safety and Inspections****REQUEST FOR ELEVATOR FEE REFUND****Please e-mail request to:** **elevator.scheduler@mass.gov** |

***\*Please Note: Refunds will only be considered in the same fiscal year in which payment is made***

**State ID Number:**

**Address of Elevator:**

**Application Number or Permit Number associated with fee:**

**Type of Fee:**

**Refund amount being requested:**

**Date of fee payment:**

**Describe in detail the reason for fee refund request:**

**Name and complete mailing address of the company or the person to whom the refund should be made:**

**Name of Elevator Owner/Representative:**

**Elevator Owner E-mail:**

**Name of Service Company:**

**Signature of filer:**       **Date:**

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

**Company of filer:**

***Note: Annual Application fee is submitted for the unit on behalf of owner, DOL will not issue refund if there is a loss of contract with the service company.***

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*For Office Use Only:*

**Reviewed by: Approved by: Date:**

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