



### Change of Address Form

Completed form can be mailed or sent electronically to:

Email: [elevators@com.ohio.gov](mailto:elevators@com.ohio.gov) Fax: 614-644-2428

In order to maintain our records, complete the following form to expedite your "Certificate of Operation"  
**Please Type or Print**

<b>State ID # (s) Required</b>						
<b>Owner ID # (s)</b>						

### Location of Elevator

Building Name:	Address:	
City:	Zip:	County:
Contact Person:	Phone:	Email:

### Owner of Building

Same as Location:

Company:	Address:	
City:	Zip:	State:
Contact Person:	Phone:	Email:

### Billing Information

Same as Owner:

Same as Location:

Company:	Address:	
City:	Zip:	State:
Contact Person:	Phone:	Email:

Person supplying Information (print): \_\_\_\_\_

Signature of person supplying Information: \_\_\_\_\_

Date: \_\_\_\_\_