



Change of Address Form

Send electronically to: Email: elevators@com.ohio.gov or Fax: 614-644-2428

In order to maintain our records, complete the following form to expedite your "Certificate of Operation"

Please Type or Print

State ID # (s) Required						
Owner ID # (s)						

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: _____