

Petition for Reconsideration of an Elevator Inspection Report

Your name: _____

Your title: _____

Name of the organization you represent, if applicable: _____

Your phone number: _____

Your e-mail address: _____

Your address: _____

State ID No. of the elevator: _____

Location of the elevator: _____

Inspection date: _____

Inspector's name: _____

What do you believe is wrong with the inspection report? Why? _____

What are you asking the Labor Commissioner to do? _____

Mail this form with a copy of the inspection report and all documents to be considered to:

Elevator Safety Board
Iowa Division of Labor
1000 East Grand Avenue
Des Moines, Iowa 50319-0209

Your signature

Date