

# VILLAGE OF OAK PARK ELEVATOR CONTACT INFORMATION

*Please return by Feb 1, 2018 to ATTN: PATTY: fax 847-296-5424 or email [patty@thompstonelevator.com](mailto:patty@thompstonelevator.com)*

PROPERTY INFORMATION:    Building/Business Name \_\_\_\_\_  
    Address: \_\_\_\_\_  
    OSFM Registration(s): \_\_\_\_\_  
    Unit Description: \_\_\_\_\_

**DAYS/HOURS OF OPERATION**

Monday	Tuesday	Wednesday	Thursday	Friday

Walk-in     Call First     Appointment

**BUILDING OWNER/REP INFORMATION**

Contact Name- 1	Title	Phone	Email
Contact Name-2	Title	Phone	Email

**PROPERTY MANAGEMENT INFORMATION, IF APPLICABLE**

Contact Name- 1	Title	Phone	Email
Contact Name-2	Title	Phone	Email

**BILLING INFO:**

Contact Name- 1	Title / Dept	Phone	Email
	Address 1	Address 2	Town /State / Zip

**Additional Information, as applicable:**

- **Date Submitted** \_\_\_\_\_
- **Print Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Ph / Email** \_\_\_\_\_