

0120CT12



ASSOCIATED ELEVATOR COMPANIES, INC.

September 20, 2012

Name: Chilmark Town Hall
Contact: Diana Deblase
Address: 401 Middle Road, Chilmark, MA 02535

RE: ANNUAL SAFETY TEST – State I.D. #62-W-2

Equipment Location: 401 Middle Road, Chilmark, MA 02535

Dear Diana,

The Department of Public Safety requires an annual permit fee for the safety test in the amount of \$400.00 + \$200 late fee if the elevator hasn't been inspected for six months after your inspection date. Please read the following carefully:

Please mail a check to Associated Elevator in the amount of \$600.00 per elevator, *written out to The Commonwealth of Massachusetts*, and we will submit the check with the paperwork to the Department of Public Safety when received. (You must include this letter with your check.)

Please be advised that the \$600.00 permit fee does not include our services. We are required by the Department of Public Safety to provide the Elevator Inspector with two (2) men to perform the annual safety test. For contract customers, our charge for this test is \$640.00. If you do not have a signed maintenance contract on file with us at the time of your inspection, the *non-contract customer* fee for the test is \$840.00 per elevator. If test weights are required to be used; there is an additional cost of \$50.00 per elevator.

Please be advised that the processing of paperwork is running approximately eight (8) weeks from the Boston office to the office of the Elevator Inspector in various areas. Upon receipt of paperwork by the local Inspector in your area, our office will be contacted to schedule this test. We will then notify your office via fax of the date scheduled.

I have enclosed check# _____ **written out to the Commonwealth of Massachusetts** along with this letter and will mail them to:
Associated Elevator, P.O. Box 500, So. Yarmouth, MA 02664.

Authorized by: _____ Date: _____ Purchase Order # (If applicable) _____

Sincerely,
Mona Marquis