



# ASSOCIATED ELEVATOR

MAKE THE SMART CHOICE.<sup>SM</sup>

PO Box 500  
583 Forest Road  
South Yarmouth, MA 02664

(508) 619-3022  
Fax: (508) 401-6114

February 28, 2014

Chilmark Town Hall  
Attn: Diana Deblase  
401 Middle Rd.  
Chilmark, MA 02535

VIA FAX: (508) 000-0000

EMail: [ddeblase@chilmarkma.gov](mailto:ddeblase@chilmarkma.gov)

RE: ANNUAL SAFETY TEST(S) - State I.D.#: 62-W-2

Chilmark Town Hall, 401 Middle Rd.

The safety test certificate for the unit(s) at the above referenced location will expire on 06/20/14. The Department of Public Safety requires an annual permit fee for the safety test in the amount of \$400.00 per elevator be submitted sixty (60) days in advance of expiration date.

PLEASE READ THE FOLLOWING TWO OPTIONS CAREFULLY:

**OPTION 1** - You may mail a check to Associated Elevator in the amount of \$400.00 per elevator, payable 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.)

**OPTION 2** - Associated Elevator will pay the \$400.00 fee (per elevator) to the Department of Public Safety and process the paperwork on your behalf and bill you when the test is performed. An administration fee of \$25.00 per unit will be added to your bill if this option is selected. If this option is selected, you may sign below and fax this back to us at (508) 401-6114.

Please be advised that the \$400 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. Our charge for this test is \$950.00 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. Our office will be contacted to schedule this test. We will then notify your office via fax/email of the date scheduled with the Department of Public Safety.

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS BY MARKING THE APPROPRIATE BOX.

- OPTION 1:** 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.
- OPTION 2:** Please pay the annual permit fees on my behalf and bill me when the test is performed.

\_\_\_\_\_  
Authorized by:                      Date:                      Purchase Order # (If applicable)

Sincerely,  
ASSOCIATED ELEVATOR COMPANIES, INC.

*Laura Birchett*

Safety Test Coordinator  
[laura@associatedelevator.com](mailto:laura@associatedelevator.com)

