



**ADDRESS CORRECTION AND OWNER
OR MANAGEMENT CHANGE
OF ADDRESS**

State Form 55687 (R2 / 8-23)

DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
ELEVATOR / AMUSEMENT RIDE
SAFETYSECTION
302 West Washington Street, Room E241
Indianapolis, IN 46204



Please e-mail this form to elevamuse@dhs.in.gov or fax this information to (317) 232-6609.
If you need further assistance or information, please call (317) 234-8930.

We must have the State Number(s) to complete your request.

STATE NUMBER: _____ (This is the state number on your current Operating Permit or Invoice.)

* Note: If more than one State Number applies, please specify State numbers:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

OWNER INFORMATION (This is where the invoice will be mailed.)

| | | | |
|-------------------------------------|-------------------|----------------|----------|
| Name of Owner or Management Company | | | |
| Attention | | | |
| Address (number and street) | | | |
| City | | State | ZIP code |
| Telephone number () | Fax number () | E-mail address | |

USER INFORMATION (This is where the Elevator is Located.)

| | | | |
|-----------------------------|-------------------|----------------|----------|
| Name of User Company | | | |
| Attention | | | |
| Address (number and street) | | | |
| City | | State | ZIP code |
| Telephone number () | Fax number () | E-mail address | |

PERMIT MAILING ADDRESS (If different from User Information mailing address.)

| | | | |
|-----------------------------|-------------------|----------------|----------|
| Name of Company | | | |
| Attention | | | |
| Address (number and street) | | | |
| City | | State | ZIP code |
| Telephone number () | Fax number () | E-mail address | |

PERSON FILING

| | | | |
|-------------------------|----------------|-------------------------|--|
| Name of person filing | | Date (month, day, year) | |
| Telephone number () | E-mail address | | |