



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

State Form 55687 (R / 5-16)

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 rides@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:

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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		