



LIFT SURVEY REQUEST FORM

Date of Request _____ Requested by _____

Current Business _____ Date Occupied _____

Street Address/Suite (if applies) _____

City _____ State _____ Zip code _____

Landlord _____ Contact _____

Phone # _____ Email _____

Address _____

City _____ State _____ Zip code _____

Best on Site Contact _____ Phone _____

Building Size _____ sq ft Shop Area Size _____ sq ft.

of Bays _____ Existing Lifts Y N

Electrical _____ Voltage in Shop area

Floor plan/blue print available Y N

(if Yes, please submit with this Request form)

Additional Comments on Scope of Work

INSTALLER REPORT/SURVEY RESULTS

Floor Thickness _____ In. Ceiling Height _____ ft.

Shop Floor Space _____ ft / Length _____ ft / Width

Identify any Flooring/Height Issues? Y N If yes, explain with details below.

Provide floor plan on lift layout options.

Provide details on existing lifts -(if applicable)

Sign: _____

Date: _____

Complete and Return to: _____ | Email: _____