

# SURVEY FORM

YOUNG ELEVATOR INTERIORS  
5821 ROSEBUD LANE ST # 12  
SACRAMENTO CA 95841  
PHONE: 916-344-6069  
E MAIL: ruth@youngelevator.com  
FAX: 916-344-6067

**ELEVATOR COMPANY CONTACT INFO :**

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

PROJECT ADDRESS: STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

NUMBER OF CABS \_\_\_\_\_ CAB CAPACITY \_\_\_\_\_

CAR SLING DEAD WEIGHT ON CROSS HEAD DATA PLATE: \_\_\_\_\_

CAB STATE ID NUMBERS \_\_\_\_\_

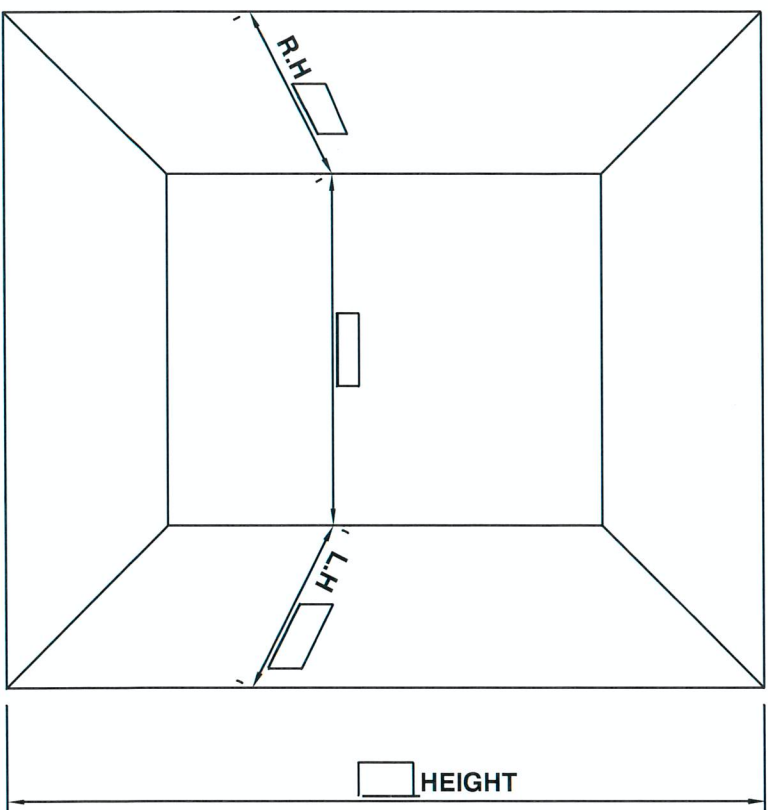
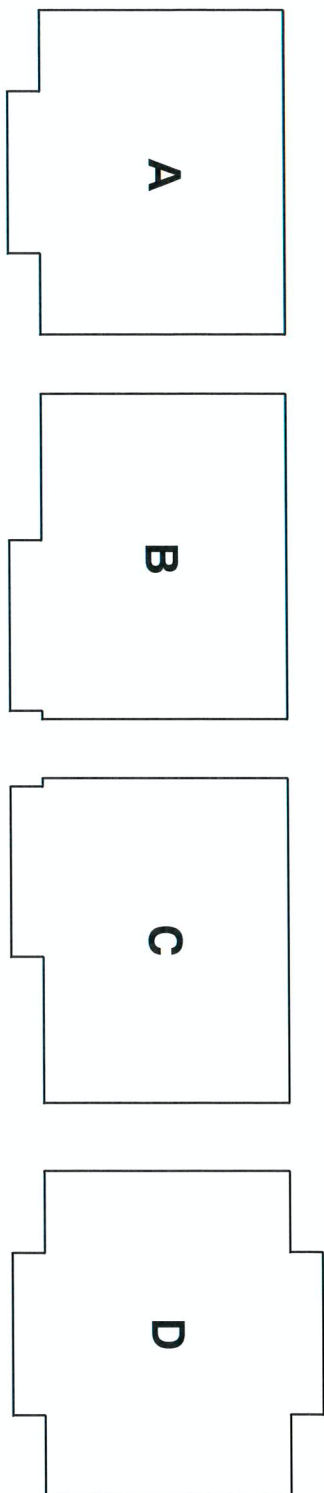
IS THE CAB TRANSOM FLUSH WITH RETURNS: Y \_\_\_ N \_\_\_ IF NO PROVIDE SKETCH WITH DIMENSIONS

DOES THE CAB HAVE A DOG HOUSE; Y \_\_\_ N \_\_\_

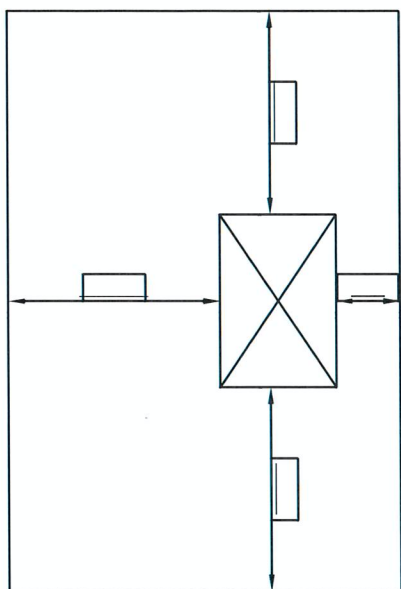
ADDITIONAL NOTES :

# SURVEY FORM

CAB LAYOUT: CIRCLE TYPE



PROVIDE INSIDE CAB DIMENSIONS



EMERGENCY EXIT LOCATION  
SKETCH TO INCLUDE  
DIMENSIONS FRONT BACK AND SIDE

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# QUOTE REQUEST FORM

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FAX: \_\_\_\_\_

PROJECT ADDRESS: STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

NUMBER OF CABS \_\_\_\_\_ CAB CAPACITY \_\_\_\_\_

CAB STATE ID NUMBERS \_\_\_\_\_

CAB WIDTH \_\_\_\_\_

CAB DEPTH RH \_\_\_\_\_ LH \_\_\_\_\_

CAB HEIGHT \_\_\_\_\_

INTERIOR DESIGN REQUESTED : \_\_\_\_\_

MATERIALS REQUESTED : \_\_\_\_\_

ATTACH ANY ADDITIONAL INFORMATION AND NOTES :