

ABATEMENT FORM

RETURN THIS FORM TO:
**S. C. DEPARTMENT OF LABOR, LICENSING
 & REGULATION**
Office of Elevators and Amusement Rides
P. O. Box 11329
Columbia, SC 29211-1329
Phone: (803) 896-7630
Fax: (803) 896-7650

Elevator # _____

Date: _____

Date Form Due: _____

THE ALLEGED VIOLATIONS (ITEM NUMBERS LISTED BELOW) THAT WERE OBSERVED ON _____ DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: _____

ADDRESS: _____

LOCATION: _____

Item Number as shown on Inspection Report	Compliance Date	Date on Which Violation Was Corrected	Detailed Description* of How Violations Were Corrected

*NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: _____
Owner/Property Manager

Title: _____

Date: _____