

# Setup Form – Elevator Monitoring

Please complete this form, and fax to us at 215-723-9330, or email to [service@towneanswering.com](mailto:service@towneanswering.com).

Number of elevators to be monitored: \_\_\_\_\_

Company Name (If Applicable): \_\_\_\_\_

Account Contact: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

Billing Contact Phone / Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Elevator Info

If multiple elevators are to be monitored, please use the additional page to provide info on all elevators covered (add duplicate pages as needed). For any additional elevators after the first one, there is no need to include redundant info (Example: If the address is the same for all elevators, only include it for the first one).

Elevator Phone Number (What shows on Caller ID): \_\_\_\_\_

Elevator Name and/or Number: \_\_\_\_\_

Building Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Building / Wing / Suite (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Company: \_\_\_\_\_

Contact 1 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 2 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 3 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 4 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Elevator Phone Number (What shows on Caller ID): \_\_\_\_\_

Elevator Name and/or Number: \_\_\_\_\_

Building Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Building / Wing / Suite (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Company: \_\_\_\_\_

Contact 1 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 2 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 3 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 4 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Elevator Phone Number (What shows on Caller ID): \_\_\_\_\_

Elevator Name and/or Number: \_\_\_\_\_

Building Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Building / Wing / Suite (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Company: \_\_\_\_\_

Contact 1 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 2 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 3 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 4 – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_