

Petition for Rulemaking to the Elevator Safety Board

Please read the elevator board's rules on petitions for rulemaking at 875 Iowa Administrative Code Chapter 67.

Your name: _____ Your title: _____

Name of the organization you represent, if applicable: _____

Your phone number: _____ Your e-mail address: _____

Your address: _____

Please list the rule or rules you believe the board should change, repeal or add.

Please describe in detail the changes you propose.

Describe why you believe the board should make the changes described above.

Please provide a summary of any information or data that support the changes you are requesting.

Provide citations to any laws you believe are relevant to this petition.

List the names and addresses of all people who will be affected by or interested in the changes you propose. If a number of other people will be affected or interested, but you do not know their names and addresses, please describe the group.

(Optional)

If someone else will be the contact person for this petition, please provide the following:

Contact person's name: _____

Contact person's title: _____

Contact person's telephone number: _____

Contact person's e-mail address: _____

Contact person's address: _____

Mail this form with a copies of any relevant documents, data, or other information you want the board to consider to:

Elevator Safety Board
Iowa Division of Labor
1000 East Grand Avenue
Des Moines, Iowa 50319-0209

Your signature

Date