

# Petition for Declaratory Order by the Elevator Safety Board

**Notice:** This document affects your legal rights. You may wish to consult an attorney before completing this document. For more information, please read the elevator board's rule on declaratory orders at 875 Iowa Administrative Code Chapter 68.

Your name: \_\_\_\_\_

Your title: \_\_\_\_\_

Name of the organization you represent, if applicable: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

Describe the hypothetical facts on which you want the board to rule. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cite the language of the statute, rule, policy, decision or order you are asking to board to apply to your set of facts. \_\_\_\_\_

---

---

---

---

List the questions you want the board to answer. \_\_\_\_\_

---

---

---

---

For each question, state the answer you prefer and the reasons supporting your answers.

---

---

---

---

---

---

---

---

---

---

---

---

Why are you requesting the declaratory order and what is your interest in the outcome?

---

---

Are you currently a party to any legal case or proceeding involving the questions above?

Yes  No

Are the questions above under investigation by any governmental entity?

Yes  No

Are the questions above pending before any governmental entity?

Yes  No

List the names and address of all people known by you who will be affected by or interested in the questions listed above. 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 copy of relevant documents you wish the board to consider to:

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

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date