

AM ELEVATOR SPEC SHEET

CONTRACTOR NAME:

DATE: _____
CUSTOMER NAME:

PHONE: _____

FAX: _____

PHONE: _____

CELL: _____

* Critical Information

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BRAND OF ELEVATOR: _____

* **NUMBER OF STOPS:** _____

* **RISE:** 1 to 2 = _____ 2 to 3 = _____ Total _____

* **PIT:** _____ (minimum 8")

* **OVERHEAD:** _____
minimum 8' for standard 6'-8" cab
 minimum 9' for 8'-0" cab

* **SHAFT SIZE:** " W x " D

CAR SIZE: " W x " D x " Height

* **CAB HEIGHT:** Standard 6'-8" Optional 8'

* **CAB TYPE:** _____ ** See configuration below

CAB FINISH: Standard Melamine OTHER: _____

TYPE OF GATE: Accordion Panel Fold Scissor Gate

TYPE OF HALL BUTTONS & CAR STATION: Stainless Steel Brass

MACHINE ROOM LOCATION: Next to Shaft R L B Remote

TELEPHONE CABINET: Yes No Stainless Steel Brass

OTHER OPTIONS: _____

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