



Elevator Cashier Civil Penalty Form (ECP)

1	Instructions
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Please complete and submit this form to the Elevator customer service representative to calculate the penalties owed. Once all penalties are assessed, present the form and remit payment at the Cashier's window. To update the Elevator Compliance record and complete the transaction, return the ECP form and BIS receipt to the customer service representative.

2	Applicant/Owner Contact Information
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Name _____	Address _____
City, State _____	Zip _____
Phone Number _____	E-mail _____

3	Property Information <i>(Check only one box for each type.)</i>
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Address _____		
Borough _____	Block _____	Lot _____
<u>Building Type</u>		<u>Category Type</u>
<input type="checkbox"/> Building with 1-2 residential units		<input type="checkbox"/> Category 1
<input type="checkbox"/> Commercial, mixed-use or building with more than 2 residential units		<input type="checkbox"/> Category 3 or 5

4	Civil Penalty Information <i>(Check only one box for each penalty and filing type.)</i>
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4A	Device Number	4B	Penalty Type	4C	Filing Type	Internal Use Only
	Device #1: _____	<input type="checkbox"/> Late Filing <input type="checkbox"/> Failure to File Enter Penalty Year: ____ (yyyy)	<input type="checkbox"/> Inspection/Test Report <input type="checkbox"/> Affirmation of Correction			Fee Due: \$ _____
	Device #2: _____	<input type="checkbox"/> Late Filing <input type="checkbox"/> Failure to File Enter Penalty Year: ____ (yyyy)	<input type="checkbox"/> Inspection/Test Report <input type="checkbox"/> Affirmation of Correction			Fee Due: \$ _____
	Device #3: _____	<input type="checkbox"/> Late Filing <input type="checkbox"/> Failure to File Enter Penalty Year: ____ (yyyy)	<input type="checkbox"/> Inspection/Test Report <input type="checkbox"/> Affirmation of Correction			Fee Due: \$ _____
	Device #4: _____	<input type="checkbox"/> Late Filing <input type="checkbox"/> Failure to File Enter Penalty Year: ____ (yyyy)	<input type="checkbox"/> Inspection/Test Report <input type="checkbox"/> Affirmation of Correction			Fee Due: \$ _____
	Device #5: _____	<input type="checkbox"/> Late Filing <input type="checkbox"/> Failure to File Enter Penalty Year: ____ (yyyy)	<input type="checkbox"/> Inspection/Test Report <input type="checkbox"/> Affirmation of Correction			Fee Due: \$ _____
	Device #6: _____	<input type="checkbox"/> Late Filing <input type="checkbox"/> Failure to File Enter Penalty Year: ____ (yyyy)	<input type="checkbox"/> Inspection/Test Report <input type="checkbox"/> Affirmation of Correction			Fee Due: \$ _____

Internal Use Only	
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Print Name _____	Initials: _____	Date: ____/____/____
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