

REQUEST FOR AFTER-HOURS AIR CONDITIONING FORM

Tenant Name: _____ Date: _____
Billing Address: _____

Tenant ID#: _____
Suite No. _____

A/C After Hours Request:

<u>Date</u> <u>Requested</u>	<u>Day</u>	<u>Floor</u>	<u>Time of Day</u>	
1. _____	_____	_____	_____ am _____ pm TO _____ am _____ pm	
2. _____	_____	_____	_____ am _____ pm TO _____ am _____ pm	
2. _____	_____	_____	_____ am _____ pm TO _____ am _____ pm	
3. _____	_____	_____	_____ am _____ pm TO _____ am _____ pm	
4. _____	_____	_____	_____ am _____ pm TO _____ am _____ pm	
5. _____	_____	_____	_____ am _____ pm TO _____ am _____ pm	

Tenant Contact Person Name: _____
Tenant Contact Person Signature _____

Billing Purposes Only:

_____ Hours x \$ _____ /hr. = \$ _____
+ 7% sales tax \$ _____
TOTAL \$ _____

Approved By _____ Date: _____
Property Manager: _____

Note: Requests for overtime HVAC must be delivered in writing to the Management Office no later than 1:00 pm the day of service or 1:00 pm Friday for weekend service.