

**REQUEST FOR AFTER-HOURS AIR CONDITIONING FORM**

Tenant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
Tenant ID#: \_\_\_\_\_  
Suite No. \_\_\_\_\_

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A/C After Hours Request:

<u>Date 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 \_\_\_\_\_

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Billing Purposes Only:

\_\_\_\_\_ Hours x \$ 30.00/hr. = \$ \_\_\_\_\_  
+ 7% sales tax \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

Approved By \_\_\_\_\_ Date: \_\_\_\_\_  
Property Manager: \_\_\_\_\_

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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.