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AFTERHOURS AIRCONDITIONING REQUEST FORM

Building Name: _____

Suite No. _____

Date Requested: _____

Tenant Name: _____

Please sign below to authorize the Management Company to provide after hours air conditioning to your suite on the following date and time, and acknowledge your company is responsible for payment of the after hours air conditioning as stated in your lease.

Date: _____

Time:

Start _____

Stop _____

Date: _____

Time:

Start _____

Stop _____

Authorized Signature of
Company Representative _____ Date _____

Management Office Use Only

Request programmed by: _____

Date: _____

No. of hours: _____ x rate _____ = _____