

# After Hours HVAC & Lighting

Return completed form to Healthcare Realty:  
**FAX** 310.670.8039  
**EMAIL** djones@healthcarerealty.com  
**MAIL** 6801 Park Terrace Drive, Suite 545  
 Los Angeles, California 90045

Tenant name: \_\_\_\_\_

Building address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Requestor's email: \_\_\_\_\_

## Request times

	DATES		HOURS	
	Start date (M/D/YR)	End date (M/D/YR)	Start time (AM/PM)	End time (AM/PM)
1	_____	TO _____	_____	TO _____
2	_____	TO _____	_____	TO _____
3	_____	TO _____	_____	TO _____
4	_____	TO _____	_____	TO _____
5	_____	TO _____	_____	TO _____
6	_____	TO _____	_____	TO _____
7	_____	TO _____	_____	TO _____
8	_____	TO _____	_____	TO _____

**AUTHORIZED BY:**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (Electronic signature represented by blue type)  
**Name (print)** \_\_\_\_\_ **Title** \_\_\_\_\_

..... OFFICE USE ONLY .....

Building timer set by: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Charges processed on: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_ Name \_\_\_\_\_

