AFTER-HOURS HVAC REQUEST							
ENANT NAME		CONTACT PER	CONTACT PERSON			TELEPHONE	
BUILDING ADDRESS	ADDRESS FLOOR / SUITE				DEPT. (IF A	DEPT. (IF APPLICABLE)	
☐ Standing Order (ongo:☐ Daily Request – (Plea							
After-hours HVAC is requested from the Office of the Building as follows:							
X DATES ADDITIONAL HV REQUESTED TO BE C		DAY OF THE WE	EK	TIME ON	TIME OFF	TOTAL HOURS	
1.							
2.							
3.							
Please be mindful of the dates are you want two days of additional Sunday (28 hours). This happens The costs for the above-s	air for 4 l more ofter	nours each, or you wa n than you think – ple:	nt air to be ase try to b	egin at 3:00 pm o e as clear as possi	n Saturday and e		
TOTAL HOURS	TOTAL HOURS COST		EXTRA FEE (\$50)		TOTAL A	TOTAL AMOUNT DUE	
AN EXTRA FEE OF \$ 50 WILL LAST MINUTE REQUESTS MA PREVAILING ENGINEER OVE CHARGE. EMAIL THIS FORM T 818.887.3300 DURING BUSINESS	ADE ON W CRTIME R O THE BU	EEKENDS OR AFTER ATE. TENANT AGREE ILDING BEFORE 5:00P	R 6:00 PM I ES TO PAY <u>M</u> . IF YOU	OR THE SAME D FOR THE ABOVE EXPERIENCE AN	AY WILL BE SU SERVICES AT TH Y DIFFICULTIES,	BJECT TO THE HE SPECIFIED PLEASE CALL	
Authorized by:							
PRINT NAME AND TITLE		AUTHORIZ	ZED SIGNA	ATURE		DATE	