

After Hours HVAC & Lighting

Return completed form to Healthcare Realty:
EMAIL LPalladini@healthcarerealty.com
MAIL 18707 Hardy Oak Boulevard, Suite 105
 San Antonio, Texas 78258

Tenant name: _____
 Building address: _____ Suite #: _____
 Phone: _____ Fax: _____ Requester's email: _____

Request times

	DATES		HOURS		CHARGES to be billed to account
	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 _____	_____
TOTAL					_____

HVAC fee: **\$60/hour**
AUTHORIZED BY:
 Signature _____ Date _____
(Electronic signature represented by blue type)
 Name (print) _____ Title _____

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

Building timer set by: _____ Date: ____/____/____
Name

Charges processed on: ____/____/____ By: _____
Name

