

# After Hours HVAC & Lighting

Return completed form to Healthcare Realty:  
**FAX** 714.432.7727  
**EMAIL** rbolanos@healthcarerealty.com  
**MAIL** 11180 East Warner Avenue, Suite 469  
 Fountain Valley, California 92708

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 _____

\$55.00 an hour      Signature \_\_\_\_\_      Date \_\_\_\_\_

**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

