

AFTER-HOURS SERVICES

IMPORTANT: After hours HVAC service: Monday – Friday: 6:00 pm to 6:00 am, Saturdays, Sundays & Holidays: All day. NOTE: There is a charge for after hours HVAC service. Fans only \$50/hr and Fans with A/C \$100/hr

| Company name: | | | Suite No: | |
|--|-------------|---|------------------|-----------------|
| Tenant representative first and last name: | | Title: | | |
| Telephone: | | Email address: | | |
| Signature: | | Date submitted mm-dd-yyyy: | | |
| Services requested: | | HVAC: Fans only (\$50/hr) Fans with A/C (\$100/hr) | Lights: | Other: |
| Cost Center: | | | | |
| Start date mm-dd-yyyy: | Start time: | Finish time: | Total hours: | Suite no/floor: |
| Finish date mm-dd-yyyy: | | | | |
| Start date mm-dd-yyyy: | Start time: | Finish time: | Total hours: | Suite no/floor: |
| Finish date mm-dd-yyyy: | | | | |
| Start date mm-dd-yyyy: | Start time: | Finish time: | Total hours: | Suite no/floor: |
| Finish date mm-dd-yyyy: | | | | |
| Start date mm-dd-yyyy: | Start time: | Finish time: | Total hours: | Suite no/floor: |
| Finish date mm-dd-yyyy: | | | | |
| Start date mm-dd-yyyy: | Start time: | Finish time: | Total hours: | Suite no/floor: |
| Finish date mm-dd-yyyy: | | | | |
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| This section of the form is to be completed by the management office. Received by: Date dd-mm-yyyy: Time: | | | | |
| Received by: | | Date dd-mm-yyyy: | Date dd-mm-yyyy. | |
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| Form number (assigned by QuadReal): | | | | |
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| QuadReal property Group contact information here) | | | | |