

# After Hours HVAC & Lighting

Return completed form to Healthcare Realty:

**EMAIL** [avaughn@healthcarerealty.com](mailto:avaughn@healthcarerealty.com)

**MAIL** 1200 Binz Street, Suite 700  
Houston, TX 77004

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 \_\_\_\_\_

