

# After Hours HVAC & Lighting

Return completed form to Healthcare Realty:

**EMAIL** llewis@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 _____	_____
<b>TOTAL</b>					_____

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

