

# After Hours HVAC & Lighting

Return completed form to Healthcare Realty:  
**FAX** 704.542.5795  
**EMAIL** [probinson@healthcarerealty.com](mailto:probinson@healthcarerealty.com)  
**MAIL** 10508 Park Road, Suite 140  
 Charlotte, North Carolina 28210

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: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name

Charges processed on: \_\_\_\_/\_\_\_\_/\_\_\_\_ **By:** \_\_\_\_\_  
 Name

