

# After Hours HVAC & Lighting

Return completed form to Healthcare Realty:  
**FAX** 303.980.0296  
**EMAIL** tpelz@healthcarerealty.com  
**MAIL** 11700 West Second Place, Suite 265  
 Lakewood, Colorado 80228

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 \_\_\_\_\_

