

THE TOWER

REQUEST FOR AFTER HOUR AIR CONDITIONING

RATE: STATED IN LEASE

Suite Number: _____

Tenant Name: _____

Requested By: _____

Sign to Accept Charges: _____

START DATE: _____

START TIME: _____ **A.M. or P.M. (circle one)**

END TIME: _____ **A.M. or P.M. (circle one)**

END DATE: _____

PLEASE RETURN FORM TO THE OFFICE OF THE BUILDING BEFORE 3:00 P.M. ON THE BUSINESS DAY BEFORE YOUR REQUESTED START DATE TO ALLOW TIME FOR PROGRAMMING. REQUESTS RECEIVED AFTER THIS DEADLINE WILL NOT BE OBSERVED.

FOR OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE:

INITIALS: **PROGRAMMED** _____ **REMOVED** _____

NOTES: