



## AFTER HOURS HVAC REQUEST FORM

Today's Date: \_\_\_\_\_

Date(s) for HVAC request: \_\_\_\_\_

Location for After Hours HVAC: \_\_\_\_\_

Company Name: \_\_\_\_\_ Building: \_\_\_\_\_ Suite: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I AM AWARE OF THE CHARGES FOR AFTER HOURS HEATING/COOLING. I UNDERSTAND AND AGREE TO THE CHARGES STATED BELOW.

**PLEASE CHECK ONE:**

MAY 1<sup>ST</sup> – SEPTEMBER 30<sup>TH</sup>

{ } FAN ONLY – \$15.00 PER HOUR

{ } AIR CONDITIONING – \$70.00 PER HOUR

OCTOBER 1<sup>ST</sup> – APRIL 30<sup>TH</sup>

{ } HEATING/VENTILATION –  
\$35.00 PER HOUR

START TIME: \_\_\_\_\_

OFF TIME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

**REQUESTS FOR AFTER HOURS VENTILATION OR AIR CONDITIONING MUST BE REQUESTED BY 3:00 PM ON THE DATE YOU ARE IN NEED OF SERVICE OR BY 3:00 PM ON FRIDAY FOR WEEKEND SERVICE.**

**NORMAL HOURS OF HVAC OPERATION ARE AS FOLLOWS:**

- MON. – FRI. 6:00 AM – 6:00 PM
- SATURDAY 8:00 AM - 2:00 PM
- SUNDAY NO HVAC

**PLEASE FAX THIS FORM TO THE SERVICE CENTER / STAN TSCHETTER AT 248-415-0049.**

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**Modification of Request: Only to be changed and completed by Authorized person**

Change of time for service requested: Time change from \_\_\_\_\_ to \_\_\_\_\_

Change of request from Fan, Air Conditioning or Heating to: Fan \_\_\_\_\_ AC \_\_\_\_\_ Heating \_\_\_\_\_

Approved by: \_\_\_\_\_ Position: \_\_\_\_\_ Co. or Vendor: \_\_\_\_\_

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**Engineering:**

Request for After Hour HVAC Completed according to the approved request.

By: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Report all abnormal conditions to Chief Engineer.

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BLACKSTONE PROPERTY MANAGEMENT