



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 1ST – SEPTEMBER 30TH

{ } FAN ONLY – \$15.00 PER HOUR

{ } AIR CONDITIONING – \$70.00 PER HOUR

OCTOBER 1ST – APRIL 30TH

{ } 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 248-415-0986.

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: _____

Engineering:

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

By: _____ Time: _____ Date: _____

Report all abnormal conditions to Chief Engineer.

Rev.
8/14/09