

Return completed form to Healthcare Realty:

FAX 980.999.1842
EMAIL kparker@healthcarerealty.com
MAIL 10115 Kinsey Avenue, Suite 220
Huntersville, North Carolina 28078

After Hours HVAC & Lighting

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

