

Return completed form to Healthcare Realty:

**EMAIL** ccummings@healthcarerealty.com

**MAIL** 500 Osborne Road NE, Suite 360  
Fridley, Minnesota 55432

HEALTHCARE REALTY

# 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



Revised April 2015

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