



DAVIES PACIFIC CENTER
AFTER HOUR SERVICES REQUEST FORM
AIR CONDITIONING

TENANT: _____ SUITE: _____

EMAIL: _____ PHONE #: _____

DATE: _____ FLOOR: _____

FROM: _____ A.M./P.M. TO: _____ A.M./P.M.

DATE: _____ FLOOR: _____

FROM: _____ A.M./P.M. TO: _____ A.M./P.M.

*Please return the form via email to dpcmanagement@parallelcp.com

The undersigned hereby agrees to pay the charges in effect for the current month for air conditioning services requested above. Estimated charges are approximately \$40 per hour.

All requests and cancellations must be submitted in writing to the Management Office two (2) business days prior to the requested service date.

Authorized by (Print Name)

Authorized by (Signature)

Date

Management Use Only

Maintenance (Programmed by): _____
Date Time Initials

Maintenance (Programmed by): _____
Date Time Initials

Billing: _____ Total Hours x \$ _____ Rate/Hour = \$ _____ Chargeable Amount