

Return completed form to Healthcare Realty:

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MAIL 1401 South Beretania Street, Suite 390  
Honolulu, Hawaii 96814

# After Hours HVAC and Lighting

OFFICE USE ONLY

Lease ID: \_\_\_\_\_

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: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Charges processed on: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_ Name \_\_\_\_\_

