

**AFTER HOURS AIR AGREEMENT FORM**

**PLEASE PRINT OR TYPE**

Requests for after hours air must be in the Management Office no later than a 24 hour notice before the request.

Property Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suite No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Today's Date: \_\_\_\_\_ Current Time: \_\_\_\_\_

Date(s) and Times of Air Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby authorize after-hour air conditioning/heating at the above location on the dates and times specified. Per the lease, I also authorize this service to be billed back to our company at a rate of \$125.00 per hour. Should the request need to be cancelled, I will advise the Management office in writing no later than Noon on the Friday before the requested date for after-hours air conditioning/heating.*

\_\_\_\_\_  
Authorized Signature:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Date: