

150 KING STREET WEST
AFTER-HOURS SERVICES REQUEST FORM

Tenant Name	<input type="text"/>	Date of Request (d/m/y)	<input type="text"/>
Tenant Billing Information	<input type="text"/>	Suite Number	<input type="text"/>
		Tenant Representative/Phone Number	<input type="text"/>

Services Requested HVAC* Lights Other: _____

Date	Start Time	End Time	Total Hours	Suite/Floors

Authorization

** Applicable rates in accordance to your lease agreement plus 15% Administration fee and applicable taxes.*

Requested by	Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorized by	Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>