

**150 KING STREET WEST
AFTER-HOURS SERVICES REQUEST FORM**

Tenant Name

Date of Request (d/m/y)

Tenant Billing Information

Suite Number

Tenant Representative/Phone Number

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

Authorized by

Title

Date