

HVAC AFTER HOURS REQUEST FORM

Date: _____

I request after hours HVAC services for the following:

Address: _____, Suite: _____ Tel: _____

Emergency contact: _____ after hour phone number: _____

Date and duration of services requested.

Date	Hours

I understand and agree that the cost for this service is at the rate of \$35 per hour unless otherwise stated by my lease agreement. The charges for these services will be billed to my next monthly statement.

Tenant Signature: _____

We must receive at least 24 hours notice in order to accommodate after hours air conditioning programming. Notices must be received by 2:00 P.M. Friday for weekend air request.

In the event of an emergency please contact our 24/hour response center at 800-933-4357.

Please fax back to 210-495-2766 or email to lbadillo@lpc.com. All services will be processed when received.

Thank you,

Lincoln Harris CSG