## TELUS garden AFTER-HOURS HVAC REQUEST FORM

		(weekend	s or Weekday Evenings after 6:00pm)
TO:		DATE:	
FAX:			
IMPORTANT: PLEASE READ  All requests should be made by the company  If request is being made on same day, please  For same day requests after 3:00pm (e.g. en Follow up by sending the form by fax to TBD	e fax to TBD (mark your form urger	nt) no later than 3:00pm.	uty engineering staff member to call you.
Note: This form is available electronically onli	ne and may be accessed by visit	ing our website @ TBD following	g the same procedure as for faxed form.
	TENIANT (DECLIEST		
	TENANT/REQUEST	OR INFORMATION	
TENANT NAME	PHONE NO.	FAX NO.	SUITE NO.
AUTHORIZED REPRESENTATIVE		SIGNATURE	
	DET/	\II S	
		AILS	
	From:		То:
DATES REQUIRED	REQUIRE	O TIMES	
AREA	FLOOR		ZONE
PLEASE CHECK:  1) Cooling (spring/Summer)  2) Fans Only (Fall/Winter)  Heat (No Chiller)	=	er hour, subject to change) er hour, subject to change)	