

**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](mailto:lbadillo@lpc.com). All services will be processed when received.**

**Thank you,**

**Lincoln Harris CSG**