

To: Grubb & Ellis Management Services, Inc.
(Please fax prior to 3:00 p.m. @ 503.886.2676)

Date: _____

Requestor Name: _____

Tenant Name: _____

Floor/Location: _____

Please enter the date(s) and time(s) you are requesting HVAC

Date: _____ From: _____ am / pm

To: _____ am / pm

Date: _____ From: _____ am / pm

To: _____ am / pm

Date: _____ From: _____ am / pm

To: _____ am / pm

Comments: _____

I hereby authorize overtime HVAC as outlined above:

Authorized Tenant Signature:

(Signature)

