AFTER HOURS AIR CONDITIONING ORDER FORM

MANCHESTER FINANCIAL CENTRE

NOTE: 72 business days in advance is mandatory for this request.

DATE FORM COMPLETED: _____

DATE(S) A/C REQUESTED: _____

TENANT NAME: _____

BUILDING ADDRESS: _____

FLOORS OR SUITE?: _____

HOURS OF OPERATION: _____
Cost is $50.00 per hour requested

WHO REQUESTED? _____
(Name)

Approval by Tenant – Signature Required: _____

This charge will appear on your next billing statement.

For internal tracking purposes:
Charge Slip Completed? _____
Date: _____
By: _____

PLEASE RETURN THIS FORM TO:
M COMMERCIAL PROPERTIES
7979 Ivanhoe Avenue, #250
La Jolla, CA 92037
jlozier@manchesterfinancialgroup.com

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