

**After Hours HVAC Request**

**To:** Aubrey Ray, Property Manager  
Physicians Medical Center of San Diego  
7910 Frost Street, Suite 260  
San Diego, CA 92123

Date: \_\_\_\_\_

**From:**  
Tenant Name: \_\_\_\_\_

Suite: \_\_\_\_\_

Contact: \_\_\_\_\_

Tele: \_\_\_\_\_

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Please provide additional HVAC on the following days/times:

- One-Time Request

Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM PM

- Reoccurring

- Daily, every (*circle one*) Day or Weekday

- Weekly, every (*circle one*) Mon Tues Wed Thurs Fri Sat Sun

- Monthly, on the \_\_\_\_\_ of the month

- Other

*If "other", please explain:* \_\_\_\_\_

Additional information, comments, or requests:

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Cushman & Wakefield

**For office use only:**

Tenant Bill-Back: YES NO Comments: \_\_\_\_\_

Account Code: \_\_\_\_\_