

**AFTER HOURS AIR CONDITIONING ORDER FORM**  
**MANCHESTER FINANCIAL BUILDING**

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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