

AFTER HOURS CONTROL SYSTEM AUTHORIZATION FORM

Form CT-07

Warner Center Towers

To authorize your employees to request after-hours air-conditioning, please complete this form, have an authorized person sign it and submit it to the Office of the Building.

Please note that there is an hourly charge for after-hours use of A/C.

Toward Names					Decitation Address and		
Tenant Name:					Building Address:		
Suite No.:					Date:		
Phone No.:					Fax No.:		
Building:	☐ Tower II ☐ Tower III				☐ Tower V ☐ Tower VI		
	\$165.00/hour \$140.00/hour \$130.0				0/hour \$135.00/hour \$130.00/hour		
AUTHORIZED EMPLOYEES							
First Name	Last Name				Email		
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Your account will be billed in accordance with our standard practices for the requested services. If you have any questions about how your charges will be calculated, please discuss them with us before submitting this form.							
Tenant Authorized Person:	Signature:						
	Type/print nar	ne & title:					
BUILDING MANAGEMENT USE ONLY							
Amount due:	\$					TLA #:	
Signature:						Date:	

If you have any questions, please contact the Office of the Building:
Phone: 818-593-6177
21800 Oxnard Street, Suite 1000, Woodland Hills, CA 91367

Please remember to inform us promptly if there are any changes.