

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.

| | | | | | I | | | |
|---|----------------|-------------|---------------|-------------------------------|---------|-------------------|---------------|--|
| Tenant Name: | | | | | | Building Address: | | |
| Suite No.: | | | | | | Date: | | |
| Phone No.: | | | | | | Fax No.: | | |
| Building: | ☐ Tower I | T | ower II | ☐ Tower III | | ☐ Tower V | ☐ Tower VI | |
| | \$155.00/hour | - ; | \$130.00/hour | 30.00/hour \$125.00/hour \$13 | | | \$125.00/hour | |
| | | | | | | | | |
| AUTHORIZED EMPLOYEES | | | | | | | | |
| First Name | | Last Nam | e | 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: | S | Signature: | | | | | | |
| | Type/print nar | ne & title: | | | | | | |
| BUILDING MANAGEMENT USE ONLY | | | | | | | | |
| | | | | | SE UNLY | | . ш. | |
| Amount due: \$ | | | | | | TLA | A #: | |
| Signature: | | | | | | Dat | e: | |

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.