

BANYAN STREET

CAPITAL

CONTRACTOR'S AFTER HOURS WORK REQUEST

(THIS FORM MUST BE SUBMITTED 36 HOURS IN ADVANCE AND RE-SUBMITTED EVERY 7 DAYS)

BUILDING NAME: _____

DATE(S) WORK TO BE PERFORMED _____ TO _____

WORKING HOURS: FROM: _____ TO _____

OVERTIME AIR CONDITIONING REQUIRED? YES _____ NO _____
IF YES, FROM WHAT TIME TO WHAT TIME (Tenant account will be charged.)

CONTRACTOR'S NAME: _____

ON-SITE SUPERVISOR'S NAME: _____

SUPERVISOR'S TELEPHONE NUMBERS: _____

PAGER NUMBERS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY PHONE NUMBER: _____

NUMBER OF EMPLOYEES: _____

(ALL EMPLOYEES MUST HAVE COMPANY ID'S)

FLOOR(S) _____

(LIST ALL TO BE USED)

TENANT NAME: _____

LOCATION: _____

(NORTH, SOUTH, EAST, WEST)

TYPE OF WORK TO BE PERFORMED: _____

BUILDING SYSTEM INTERRUPTION ? YES _____ NO _____

IF YES, WHAT TYPE (i.e. PLUMBING, ELECTRICAL ETC) _____

THIS FORM SUBMITTED BY: _____ DATE: _____

BANYAN STREET CAPITAL PM APPROVAL _____ DATE: _____

DISTRIBUTION: SECURITY
CENTRAL CONTROL
CHIEF ENGINEER