

**Facilities Management HVAC Department
Building Heating, Cooling & Ventilation System
Turn On Or Off Request Form**

This form is to be used to request that the heating, cooling and ventilation (HVAC) system in your building to be turned on for a special event that occurs after school hours, on weekends during school breaks or on holidays.

Please complete this form and fax it to Plant Facilities at the number noted below.
Allow 72 hours for your request to be processed and your system to be programmed.

Use a separate form for each event. **DO NOT PUT MORE THAN ONE EVENT SCHEDULE REQUEST ON A FORM.**

A site administrator must authorize this request. Signature required at bottom of form.

School Name/Site #: _____

Type or Name of Event:

Dates of Event _____

Day of Event (Please enter the day(s) of the week☺ Mon. _____ Tues. _____
Weds. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Start Time: _____ AM or PM

Ending Time: _____ AM or PM

Room number(s) or Area of Building Requiring HVAC (Please be specific so that we can find the area on the floor plan we have for your school)

Will this event occur more than once? Circle One YES or NO

If Yes, what are the dates and time or frequency that the event repeats on (i.e., every Sunday at the same time until the end of school?)

Who at the school should we contact if more information is needed?

Name: _____ Phone Number: _____

Authorized By: _____ Date: _____