



## 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 Facilities Management at the number noted below. Allow **24 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: \_\_\_\_\_

**Facilities Management Fax Number 851-5624**