## Douglas Emmett

## **AFTER HOURS AIR CONDITIONING**

Form CT-07

## **Bishop Place**

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 at least one business day/24-hours prior to date of request.

Please note that there is an hourly charge of \$80.00 for after-hours use of A/C and a two hour minimum. A/C hourly charge is subject to change without notice.

| Tenant Name:  |                          |                     |  |            | Contact Phone #: |             |  |
|---|--------------------------|---------------------|--|------------|------------------|-------------|--|
| Suite No.:  |                          |                     |  |            | Date:            |             |  |
| ONE TIME REQUESTS   |                          |                     |  |            |                  |             |  |
| Suite   |                          | Date                |  | Start Time |                  | End Time    |  |
| Cuito   |                          | 200                 |  | 2          |                  | 2110 111110 |  |
|   |                          |                     |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
| RECURRING REQUESTS  |                          |                     |  |            |                  |             |  |
| Suite   |                          | Day of Week/Date(s) |  | Start Time |                  | End Time    |  |
|   |                          | , ,                 |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
|   |                          |                     |  |            |                  |             |  |
| 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<br>Authorized<br>Person:   | Signature:               |                     |  |            |                  |             |  |
|   | Type/print name & title: |                     |  |            |                  |             |  |
| BUILDING MANAGEMENT USE ONLY  |                          |                     |  |            |                  |             |  |
| Amount due:   | \$                       |                     |  |            |                  | TLA#:       |  |
| Signature:  |                          |                     |  |            |                  | Date:       |  |
|   |                          |                     |  |            |                  |             |  |

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

If you have any questions, please contact the Office of the Building:

Phone: 808-599-5009 Fax: 808-599-5211 Email: <a href="mailto:bishopmgmt@douglasemmett.com">bishopmgmt@douglasemmett.com</a>
1132 Bishop Street, Suite 1404, Honolulu, HI 96813