

Meridian Cool Springs

**HVAC AFTER-HOURS REQUEST**

TENANT NAME: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
(Office Manager or Person Responsible For Payment of Charge)

SUITE NUMBER / FLOOR/ AREA: \_\_\_\_\_

DATE OF REQUESTED HVAC SERVICE: \_\_\_\_\_

REQUESTED TIME OF HVAC SERVICE: \_\_\_\_\_  
(i.e. 9:00 AM – 1:00 PM)

NUMBER OF HOURS REQUESTED \_\_\_\_\_ x \$35.00 = \_\_\_\_\_

Please complete this form and e-mail it to: [coolsprings@boyle.com](mailto:coolsprings@boyle.com)

**IF WE DO NOT RECEIVE THIS FORM AT LEAST 24-HOURS IN ADVANCE  
OF THE REQUESTED DATE, WE CANNOT GUARANTEE THAT THE HVAC  
WILL RUN.**

**By e-mailing this request, your company agrees to the \$35.00 per hour charge for  
after-hours HVAC. In an effort to be sensitive to the environment, no invoice will be  
sent. This form will serve as record of the charges.**

Boyle Investment Company  
2000 Meridian  
Suite 250  
Franklin TN 37067  
Office 615-550-5591 Fax 615-550-5576

