



RCBC PLAZA  
PROPERTY MANAGEMENT OFFICE



**AIR-CONDITIONING REQUEST FORM**

|  |  |                 |                         |
|--|--|-----------------|-------------------------|
| Company Name : _____<br>Address : _____<br>Contact No. : _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>ACER NO.</b></td> </tr> <tr> <td style="padding: 5px;">Date of Request : _____</td> </tr> </table> | <b>ACER NO.</b> | Date of Request : _____ |
| <b>ACER NO.</b>  |  |                 |                         |
| Date of Request : _____  |  |                 |                         |

We would like to request for additional operation of the base building air-conditioning on:

| Floor / Tower | Date | Time |    | No. of Hours |
|---------------|------|------|----|--------------|
|               |      | From | To |              |
|               |      |      |    |              |
|               |      |      |    |              |
|               |      |      |    |              |
|               |      |      |    |              |
|               |      |      |    |              |
|               |      |      |    |              |
|               |      |      |    |              |
|               |      |      |    |              |

We confirm that the above request shall be charged to our account.

**Requested by: (Tenant's Authorized Signatory)**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This area for PMO Accounting use:

**Approved by: (RCBC Plaza PMO Authorized Signatory)**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by PMO: *(Name and Date Received)*

Received by PMO Eng. *(Name and Date Received):*