

DECEMBER 22, 2017 through JANUARY 1, 2018
Heat/Ventilation Curtailment

REQUEST FOR EXEMPTION TO HOLIDAY HEATING / VENTILATION CURTAILMENT

Unit Requesting: _____ Building: _____
Contact Person: _____ Specific Room(s): _____
Address: _____ Type of Operation: _____
Telephone Number: _____
Email Address: _____
Dates and Times Exemption Requested: _____

We are requesting an exemption based on the following criteria (circle those which apply):

1. Controlled temperature required, research area, or other specified area (please specify and include range of temperatures needed): _____
2. Operating chemical fume hoods.
3. Essential safety, security, or accounting operation (please specify): _____
4. Retail business (dates and times of store operation): _____
5. Theater and sports events scheduled and contracted prior to date of this announcement:

6. Essential medical facility.
7. Monitoring systems needs.
8. Other (please specify): _____

Additional information:

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Exemption Approved: _____ Exemption Not Approved: _____
By: _____ Date: _____

Comments: _____

Department Notified: _____

RETURN THIS FORM BY FRIDAY, DECEMBER 8, 2017 TO:
Campus Energy Office
energyoffice@berkeley.edu