

DECEMBER 21, 2018 through JANUARY 1, 2019
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 (CHECK those which apply):

Controlled temperature required, research area, or other specified area (please specify and include range of temperatures needed): _____

Operating chemical fume hoods. _____

Essential safety, security, or accounting operation (please specify): _____

Retail business (dates and times of store operation): _____

Theater and sports events scheduled and contracted prior to date of this announcement:

Essential medical facility. _____

Monitoring systems needs. _____

Other (please specify): _____

Additional information:

=====
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