

**1100 LOUISIANA  
OVERTIME AIR CONDITIONING REQUEST / AUTHORIZATION**

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

SUITE NUMBER: \_\_\_\_\_

CONTACT : \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RETURN TO: HINES

PHONE NUMBER: 713-759-9923

SUITE 2250

FAX NUMBER: 713-759-9257

EMAIL: roseanne.martinez@hines.com and amy.lord@hines.com

DATE A/C NEEDED: \_\_\_\_\_

DAY OF WEEK: \_\_\_\_\_

TIME ON: \_\_\_\_\_

TIME OFF: \_\_\_\_\_

CHARGE CODE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

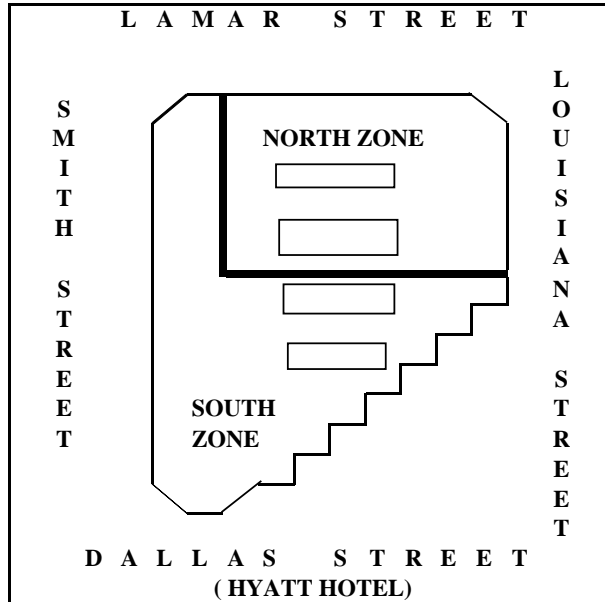
Make sure you check one of the below:

*Please refer to adjacent floor plan for your zone* →

NORTH ZONE:

SOUTH ZONE:

FULL FLOOR:



**\*\*Please use one (1) form for each day you are requesting overtime air.\*\***

*Requests for overtime air need to be in the Management Office no later than 2:00 p.m. for service that evening.*

*Requests for Weekend overtime air need to be turned in no later than 2:00 p.m. on Friday afternoon for that weekend.*

**ANY REQUEST AFTER 2:00 P.M. MAY BE SUBJECT TO A SERVICE CHARGE, OR MAY NOT BE HONORED.**

**ANY E-MAIL REQUEST AFTER 5:00 P.M. WILL NOT BE HONORED.**

AUTHORIZED BY: \_\_\_\_\_  
(Tenant Contact Signature)

DATE: \_\_\_\_\_

CONFIRMED BY: \_\_\_\_\_  
(Hines Personnel Only)

DATE: \_\_\_\_\_

**MANAGEMENT OFFICE USE ONLY**

A/C REQUEST ENTERED BY: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_

UNIT OR UNITS SCHEDULED: \_\_\_\_\_

TOTAL BILLABLE HRS.: \_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_

CALL OUT FEES: \_\_\_\_\_