

1100 LOUISIANA FREIGHT ELEVATOR RESERVATION REQUEST FORM

Please fax to (713) 759-9257 or email to amy.lord@hines.com

TENANT NAME _____ SUITE # _____

CONTACT _____ AFTER HOURS PHONE # _____

CONTRACTOR OR AGENT _____

(Authorized to Use Freight for Benefit of Tenant)

Reservation Terms

1. Only tenants may reserve the freight elevator. **Contractors must work through their tenant representative.**
2. **All requests must be submitted in writing using this form using one date per form.**
3. Shared freight elevator usage is available for use from 6 p.m. until 6 a.m. Monday through Friday and anytime Saturday and Sunday at no charge.
4. **Exclusive** freight elevator usage is available from **10 p.m. until 6 a.m. Monday through Friday** and anytime Saturday and Sunday for a charge. **A charge of \$25 per hour will be assessed for approved requests.** There is a 4 hour minimum charge for exclusive freight elevator usage.
5. No single tenant may reserve more than 3 weekdays, per work week, Monday through Friday, in advance, unless prior approval is obtained by Management. Weekend freight elevator reservations will be restricted to one of two 12 hour time slots per weekend day. On the weekend, the freight may be reserved from anytime in the morning until 3 p.m. or from 3p.m. until midnight.
6. No single tenant may reserve, in advance, more than 1 weekend slot per day, nor more than two weekend slots per weekend, unless prior approval is obtained by Management.
7. Freight reservations are finalized only when tenants receive a signed copy of the request from Management.
8. Any advance reservation not cancelled by Friday on the week prior to the week in question will result in a charge for the reserved hours, as if actually used. **All cancellation must be made in writing or by email.**
9. **This form must be submitted for shared usage and/or exclusive usage.**

We request use of the freight elevator and acknowledge that our company will be responsible for payment of the associated charges.

DATE REQUESTED: _____

SHARED USAGE	EXCLUSIVE USAGE
START TIME:	START TIME:
END TIME:	END TIME:

Tenant Authorization: _____ Date: _____

(For Management Use Only)

Confirmed by 1100 Louisiana Management Office

Hines: _____ Date: _____

Actual Hours of Usage:

Start Time: _____ Stop Time: _____ Security Personnel Signature: _____

Billable Amount \$ _____