



Freight Elevator Reservation Request

Tenant: _____ Suite: _____

Tenant Contact's Name/Title: _____

Daytime Phone: _____ After-hours Phone: _____

Email Address: _____

Agent, Contractor or Vendor authorized, by Tenant, to use the freight elevator on Tenant's behalf:

Submit completed form as follows:

Email to: ashley.adams@hines.com
Cc: roseanne.martinez@hines.com
Cc: pat.young@hines.com

[If Email unavailable, fax to: 713.759.9257]

Reservation Terms and Conditions:

- 1. Tenant Must Make the Reservation. Agents, Contractors or Vendors must work through the Tenant.
2. Reservations Must be in Writing. Use this form. One form per date.
3. Usage Types.. Shared:
- free
- available Monday-Friday, 6 pm - 6 am, and Saturday/Sunday, 24 hours.
Exclusive:
- \$33.00 per hour, with a 4-hour minimum
- Cancellation must be made in writing, 3 days prior to the reservation date.
- available Monday-Friday, 10 pm - 6 am, and Saturday/Sunday, 24 hours.
4. Usage Limit. Tenant may not exceed 3 days within the same Monday through Friday work week.
5. Written Confirmation from Hines. Required prior to Tenant's use of the freight elevator.

Tenant's Reservation Request:

Day/Date Requested: _____ (day) _____ (date)

Table with 4 columns: Shared Usage (Start Time, End Time) and Exclusive Usage (Start Time, End Time)

Tenant Authorization: _____ Date: _____

Management's Confirmation to Tenant:

Hines Authorization: _____ Date: _____

Actual Usage Report:

Table with 2 columns: Start Time, End Time

Security Personnel Verification: _____ Date: _____

Total Amount Billable to Tenant (if Exclusive Usage): \$ _____