

**1100 LOUISIANA
OVERTIME A/C REQUEST**

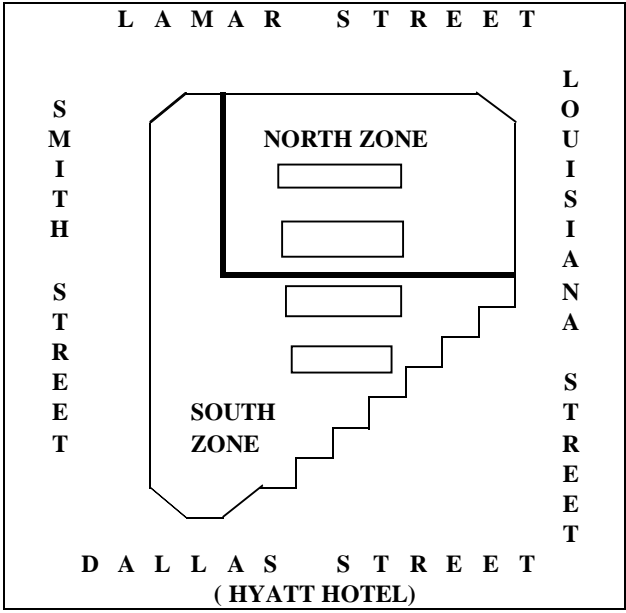
TENANT/COMPANY NAME: _____ SUITE NUMBER: _____
 TENANT CONTACT NAME: _____ PHONE NUMBER: _____

RETURN TO: HINES, SUITE 2250
 PHONE NUMBER: 713-759-9923
 FAX NUMBER: 713-759-9257
 EMAIL: roseanne.martinez@hines.com and/or ashley.adams@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: _____ DATE: _____
 (Tenant Contact Signature)
 CONFIRMED BY: _____ DATE: _____
 (Hines Personnel Only)

MANAGEMENT OFFICE USE ONLY

A/C REQUEST ENTERED BY: _____ DATE ENTERED: _____
 UNIT OR UNITS SCHEDULED: _____ TOTAL BILLABLE HRS.: _____
 NUMBER OF UNITS: _____ CALL OUT FEES: _____