



Hines
Property Management Office
1100 Louisiana, Suite 2250
Houston, Texas 77002
713.759.9923

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: Bella.Mirabal@hines.com
Cc: roseanne.martinez@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, 10 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): \$ _____