

**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 Bella.Mirabal@hines.com

DATE A/C NEEDED: _____

DAY OF WEEK: _____

TIME ON: _____

TIME OFF: _____

CHARGE CODE: _____

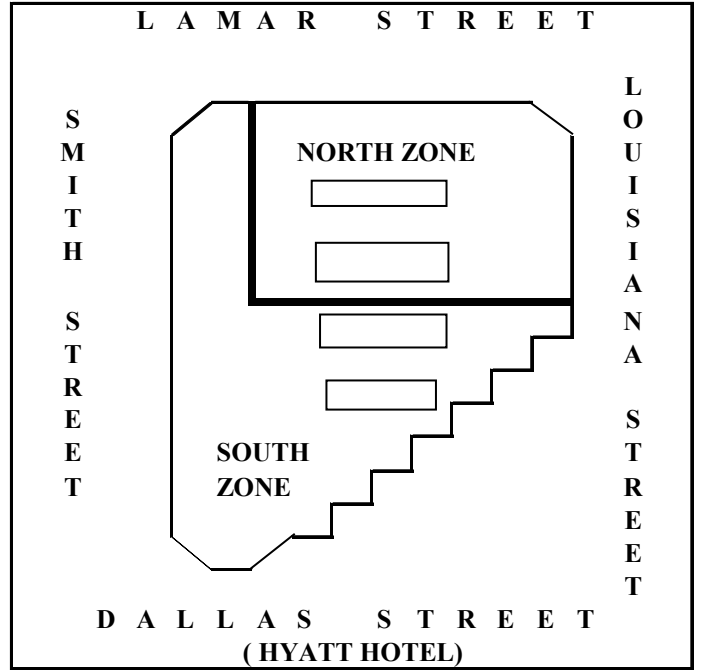
DEPARTMENT: _____

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: _____