



OVERTIME HVAC REQUEST FORM

1101 Connecticut

Please provide the following information for additional HVAC services after business hours. The completed form should be delivered to the management office at least 24 hours prior to the requested start time to allow the management sufficient time to process the request.

Tenant: _____

Suite: _____

Additional heating/air conditioning will be required on the following days(s) for said hours:

<u>Day</u>	<u>Date</u>	<u>Floor</u>	<u>Start Time</u>	<u>End Time</u>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

The undersigned requests the above overtime HVAC hours be charged to the suite at \$60.00 per hour and that the standard overtime HVAC charge will be reimbursed by this company.

Tenant Signature: _____

Date: _____