

# 920 Memorial City Way

## OVERTIME HVAC REQUEST FORM

**Date:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address/Suite:** \_\_\_\_\_

HVAC requested after business hours is considered overtime air conditioning and the tenant will be charged per the Above-Standard rate. Any tenant requesting overtime air conditioning must complete and sign this form.

**Authorized by:** \_\_\_\_\_

**Location/Suite:** \_\_\_\_\_

### Overtime HVAC requested for the following date(s) and time(s):

Date: \_\_\_/\_\_\_/\_\_\_ From: \_\_\_\_\_  a.m.  p.m. To: \_\_\_\_\_  a.m.  p.m.

Date: \_\_\_/\_\_\_/\_\_\_ From: \_\_\_\_\_  a.m.  p.m. To: \_\_\_\_\_  a.m.  p.m.

Standing Order? From: \_\_\_\_\_  a.m.  p.m. To: \_\_\_\_\_  a.m.  p.m.

Please return this form to Property Management Office no later than 1:00 p.m. the day before HVAC is required.

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date

Please drop off or email this form to the Property Management Office