

Unscheduled Overtime A/C Request Form

If your office requires additional air conditioning after normal business hours, please complete and return this form to the Management Office prior to 1:00 p.m.

Building Address: _____

Client Name: _____

Suite: _____

Request Date: _____ Request Time: _____

Additional air conditioning will be required on the following day, or days, during the following hours:

Monday: _____ Floor: _____ From: _____ To: _____

Tuesday: _____ Floor: _____ From: _____ To: _____

Wednesday: _____ Floor: _____ From: _____ To: _____

Thursday: _____ Floor: _____ From: _____ To: _____

Friday: _____ Floor: _____ From: _____ To: _____

Saturday: _____ Floor: _____ From: _____ To: _____

Sunday: _____ Floor: _____ From: _____ To: _____

The undersigned requests that the above OT HVAC hours be charged to our suite and confirms that the standard OT HVAC charge (per lease) and additional administrative charges for processing this unscheduled OT HVAC request will be reimbursed by this company.

Client Signature: _____ Date: _____

Received by: _____ Date: _____

Fax to:

Fax: (1-877) 523-6931