MEMORIAL CITY

9753 Katy Freeway

OVERTIME HVAC REQUEST FORM

Date: _____

Company: _____

Address/Suite: _____

HVAC requested after business hours is considered overtime air conditioning and the tenant will be charged the Above-Standard rate, per your lease. 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.

**Note: This request also includes programming of lights (at no charge) after business hours.*

Please return this form 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.