

OVERTIME AIR CONDITIONING REQUEST FORM

To: Melanie Larson, Property Manager
 909 9th Avenue, Suite 408
 Fort Worth, TX 76104

From: _____

Date: _____

Tenant Name: _____

Contacts Phone #: _____ Fax #: _____

Deliver to Management Office, Suite 408 or Email to: SRamsey@Healthpeak.com & MRLarson@Healthpeak.com (24-hour notice required)

Dates Requested

Hours Requested (2 Hour Minimum Increments)	
From: _____ am/pm	From: _____ am/pm
From: _____ am/pm	From: _____ am/pm
From: _____ am/pm	From: _____ am/pm
From: _____ am/pm	From: _____ am/pm
From: _____ am/pm	From: _____ am/pm
From: _____ am/pm	From: _____ am/pm

Overtime air conditioning charge per hour (2 hour minimum increments) _____ per hour

Air Conditioning & Heating are provided from 7:00 am to 6:00 pm Monday - Friday (except holidays). Request for Overtime Air Conditioning or Heating must be submitted in writing at least 24 hours in advance on days of business in order to allow the scheduling of equipment by our Engineering Staff.

Authorized & Approved by: _____

<i>For Office Use Only:</i>		
By: _____	Date: _____	Time: _____
Tenant Invoiced: \$ _____	_____	
Amount	Date	