

ONE SHELL PLAZA/811 LOUISIANA
OVERTIME AIR CONDITIONING REQUEST

Building: OSP ___ 811 ___

Tenant: _____ **Person Requesting:** _____
Date of Request: _____ **Floor Level:** _____
Date A/C Needed: _____ **Suite No.:** _____
Time On: _____ **Department:** _____
Time Off: _____

Hines

Air Handler "1", North, Walker Side _ _ (If applicable)

Air Handler "2", South, McKinney Side _ _ (If applicable)

Authorized Tenant Signature: _____
(Please Insert Name)

Management Office Use Only
Billing Computation

<u>Day of Week</u>	<u>Building Standard Hours Per Lease</u>	<u>Requested Hours</u>	<u>Overtime Hours</u>
	Total Overtime Hours		
	(x) Rate per Hour	(x) _____	
	(x) No. of AHU	(x) _____	
	Total Amount Billed:	\$ _____	
	Call in Charge	_____	
	TOTAL	_____	

Date/Time of Cancellation: _____

**Please complete form and email it to OSP.811help@hines.com
or submit via fax to 713-236-9741. If questions, please contact
the Hines Management Office at 713-225-0565**

Thank you.