**1601 WEWATTA**

## **OVERTIME AIR REQUEST**

***ALL FORMS NEED TO BE RECEIVED BY THE MANAGEMENT OFFICE BEFORE:***

* ***2:00 P.M. ON THE DAY AIR IS NEEDED MONDAY-FRIDAY***
* ***2:00 P.M. ON FRIDAY FOR WEEKEND AIR***
* ***12:00 P.M. ON THE PRECEDING BUSINESS DAY FOR HOLIDAYS***

# All information must be in print and accurately completed

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*EMAIL: 1601Wewatta@hines.com*

Company Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Floor Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date A/C Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Tenant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Request Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)

…………………………………………………………………………………………

Management Office Use Only

Billing Computation

|  |  |  |
| --- | --- | --- |
| Day(s) of Week | Requested Hours | Overtime Hours |
|  |  |  |

THERE IS NO CHARGE FOR SATURDAY FROM 8:00 A.M.-1:00 P.M. BUT MUST BE REQUESTED (does not run automatically)

Total Overtime Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(x) Lease Rate per Hour per Side ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Air Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Call in Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Engineer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

…………………………………………………………………………………………

A/C Cancellation Requested

Time of Cancellation: \_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)