

# HINES WARNER CENTER

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## AFTER-HOURS HVAC REQUEST

TENANT NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ TELEPHONE \_\_\_\_\_

BUILDING ADDRESS \_\_\_\_\_ FLOOR / SUITE NUMBER \_\_\_\_\_ DEPT. (IF APPLICABLE) \_\_\_\_\_

Standing Order (ongoing), begin date \_\_\_\_\_ to end date until further notice

Daily Request – (Please do not enter dates here for occasional requests – see below)

After-hours HVAC is requested from the Office of the Building as follows:

X	DATES ADDITIONAL HVAC IS REQUESTED TO BE ON	DAY OF THE WEEK	TIME ON	TIME OFF	TOTAL HOURS
1.					
2.					
3.					

The costs for the above-specified services are as follows:

TOTAL HOURS	COST PER HOUR	EXTRA FEE (\$50)	TOTAL AMOUNT DUE
<b>AN EXTRA FEE OF \$ 50 WILL BE ADDED IF THE REQUEST IS RECEIVED AFTER 5:00PM FOR THE SAME DAY. OTHER LAST MINUTE REQUESTS MADE ON WEEKENDS OR AFTER 6:00 PM FOR THE SAME DAY WILL BE SUBJECT TO THE PREVAILING ENGINEER OVERTIME RATE. TENANT AGREES TO PAY FOR THE ABOVE SERVICES AT THE SPECIFIED CHARGE. EMAIL THIS FORM TO THE BUILDING BEFORE 5:00PM. IF YOU EXPERIENCE ANY DIFFICULTIES, PLEASE CALL 818.887.3300 DURING BUSINESS HOURS OR 818-429-5597 AFTER HOURS. A 2-HOUR DAILY MINIMUM APPLIES.</b>			

Authorized by:

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

Email to [kathy.wiley@hines.com](mailto:kathy.wiley@hines.com) and [cristina.magleo@hines.com](mailto:cristina.magleo@hines.com).  
Fax to 818-887-3301 if email is unavailable.

5.12.23