



1900 K Street, NW

OVERTIME HVAC REQUEST

Authorized By: _____

Floor(s)/Office(s) _____

Day(s): _____

Time: _____

Authorizing Signature: _____

To be filled in by Property Management:

Total # of overtime hours: _____ x hourly rate of \$_____ per zone x _____ # of zones. (Subject to change)

= total charge of \$_____

PLEASE RETURN BY EMAIL to natalie.jordan@hines.com.