

OVERLOOKIII – HVAC REQUEST

(Normal Business Hours: Monday - Friday; 8:00am -6:00pm)

Company Name: _____ Suite #: _____

Name of Contact: _____

Contact Telephone Number: _____

Contact Email Address: _____

Please list the dates, start time, and ending time associated with your request.

DATE OF SERVICE	START TIME	ENDING TIME
Example: Sat, Jan 1, 2016	2:00 am	5:00am

Service Statement:

Landlord shall provide heat, ventilation, or air condition to the tenant and premises listed above for minimum of 2 (two) hours during non - business hours at the current rate of \$_____. Please note that this rate is subject to increase without notification and follow the terms outlined in lease agreement.

I, hereby agree to the charge above and understand that this change will be reflected on my company's next rental statement.

Printed Name: _____

Authorized Signature: _____

Date: _____