

CUSTOMER REQUESTED AFTER HOURS HVAC

_____ requests overtime HVAC for:
FIRM NAME

FLOOR	DATE START	DATE STOP	START TIME	STOP TIME	NO. OF HOURS	FOR MANAGEMENT USE
			a.m. p.m.	a.m. p.m.		
			a.m. p.m.	a.m. p.m.		
			a.m. p.m.	a.m. p.m.		
			a.m. p.m.	a.m. p.m.		
			a.m. p.m.	a.m. p.m.		
			a.m. p.m.	a.m. p.m.		

I understand that there will be an hourly charge per floor billed for extra HVAC.

AUTHORIZED CUSTOMER:

CUSTOMER SIGNATURE

DATE

APPROVED BY:

COUSINS REPRESENTATIVE

DATE

IMPORTANT:

To ensure operator/engineer availability to program your requests, deliver this form to the Property Management Office via fax (704) 683-0116 NO LATER THAN 3:00 P.M. the day of requested overtime HVAC and by 3:00 P.M. on Fridays for weekends.