

OVERTIME HVAC REQUEST FORM

PEARLAND MEDICAL PLAZA I

10905 MEMORIAL HERMANN, PEARLAND, TX 77584

Please complete and return via email to LHCSG.FanninHP@LPC.com or fax 713-796-0138.

Air conditioning and heating are provided from 7:00 AM to 6:00 PM Monday Friday (except holidays). Requests for overtime air conditioning or heating should be submitted in writing by 3:00 P.M. the preceding day for week days and by 3:00 P.M. Friday for weekend requests.

Cost for overtime air conditioning/heating is \$60.00 per hour (or as stated in your Lease Agreement), and is billed in 30-minute increments. The charges will be included on your next rent statement.

TENANT NAME: _____ SUITE #: _____

REQUESTOR: _____ PHONE #: (____) _____ - _____

Date(s) Requested	Start Time	End Time	Work Order # (Property Management)
	From: _____ AM / PM	To: _____ AM / PM	
	From: _____ AM / PM	To: _____ AM / PM	
	From: _____ AM / PM	To: _____ AM / PM	
	From: _____ AM / PM	To: _____ AM / PM	
	From: _____ AM / PM	To: _____ AM / PM	
	From: _____ AM / PM	To: _____ AM / PM	
	From: _____ AM / PM	To: _____ AM / PM	

TENANT REPRESENTATIVE:

Approved By: _____ Date: _____
Authorized Tenant Signature

Printed Name: _____

-To be completed by Property Management -

Entered: _____ Employee Signature: _____