



100 S.E. 2nd Street, Suite 1900, Miami, FL 33131
 Phone (305) 539-7100 • Fax (305) 539-7078

Overtime HVAC Request Form

Work Order N^o :

(Mgmt. Use Only)

Company Name: _____

Please fill in separate lines when requesting overtime HVAC for multiple floors and/or multiple dates. Please submit HVAC requests before 4:00 pm Mon - Thurs. for same day service or before 4:00 pm Fri, for Friday or Weekend service:

Suite #:	Date:	Hour From:	Hour To:	Total Hours:	
_____	_____	_____ to _____	= _____	_____ x \$39 = _____	Total Cost of Service (Excluding Taxes)
_____	_____	_____ to _____	= _____	_____ x \$39 = _____	Total Cost of Service (Excluding Taxes)
_____	_____	_____ to _____	= _____	_____ x \$39 = _____	Total Cost of Service (Excluding Taxes)
_____	_____	_____ to _____	= _____	_____ x \$39 = _____	Total Cost of Service (Excluding Taxes)
_____	_____	_____ to _____	= _____	_____ x \$39 = _____	Total Cost of Service (Excluding Taxes)
				Subtotal = _____	
				Late Fee (if Applicable)* + _____	
				Total Cost of Services = _____	(Excluding Taxes)

***Late fee of \$50, per request, will be added to any overtime HVAC requests for same day service if the requests are received after 4:00 pm Mon - Thurs. or after 4:00 pm Fri, for Friday or Weekend service**

Tenant Authorization: _____

(Signature) (Date)

(Print Name)