

## Overtime HVAC Request Form

Date \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Suite # \_\_\_\_\_ Telephone # \_\_\_\_\_

Requested By: \_\_\_\_\_

Email address: \_\_\_\_\_

Overtime HVAC is billed at \$ \_\_\_\_\_ per hour with a 2 hour minimum  
(Please see lease agreement for specifications of HVAC rates).

\_\_\_\_\_ X = \_\_\_\_\_

Date(s) Required \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note: by signing tenant agrees to pay the cost of materials and labor (if applicable)**

Please return to the property management Office at [Overlook@goddard-group.com](mailto:Overlook@goddard-group.com) or fax to 770-319-9599 (e-mail is preferred).