



**OVERTIME AIR/HEAT
REQUEST**

Tenant Name _____ Suite/Floor: _____

Person Making Request _____ Phone: _____
(Print Name)

Tenant Authorization _____
(Print Name) *(Signature)*

Date: _____ Time: _____

Overtime Air / Heat Needed:

The cost is \$53.00 an hour with a minimum charge of 4 hours.

Day of Week	Date	Time On	Time Off
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

**Request must be received in management office no later than
3:00 P.M. Monday through Friday.**

Management office use only: Schedule # _____

Point # _____

Billing Information: Total Hours _____ at \$ _____ per hour = \$ _____

PLEASE RETURN THIS FORM TO:

Management Office
5599 San Felipe St., Suite 106 ♦ Houston, Texas 77056
Email: admin5599@tanglewoodproperty.com
Phone: (713) 621-1300 Fax: (713) 621-0218