



STORE OPERATING HOURS CHANGE REQUEST

STORE NAME: _____ **SPACE #:** _____

TODAY'S DATE: _____

STATUS CHANGE DATE: _____

***IMPORTANT:** This form is to be filled out in the event your store operating hours will be different from mall operating hours. Be advised this is subject to approval and three days notice is required!*

*******THIS IS NOT A LIGHTING CHANGE REQUEST FORM*******

CHECK APPROPRIATE BOX:

- | | |
|---|--|
| <input type="checkbox"/> Open Early _____ (time) | <input type="checkbox"/> Open Late _____ (time) |
| <input type="checkbox"/> Close Early _____ (time) | <input type="checkbox"/> Close Late _____ (time) |

REASON FOR CHANGE:

Please describe: _____

SPECIAL CONSIDERATIONS:

- Open mall doors early _____ (fill in time)
Entrance closest to store _____
- Keep mall doors open late _____ (fill in time)
Entrance closest to store _____
- Security on duty outside _____ (fill in time)
Entrance closest to store _____

MANAGER'S NAME (PRINT)

MANAGER'S SIGNATURE

I understand that _____ (store name) will receive an invoice and be billed for _____ hours @ \$250/hour; to compensate Walden Galleria for overhead costs associated with the requested change of hours and agree to pay same.

MANAGER'S SIGNATURE

MALL MANAGEMENT

OFFICE USE ONLY:	
_____ DATE RECEIVED	_____ TEMP. LIGHTING CHANGE REQUEST REC'D.
_____ TIME RECEIVED	_____ TEMP. LIGHTING SCHEDULE INPUTTED
_____ RECEIVED BY	_____ VERIFICATION STORE HOURS
_____ APPROVED BY	_____ DATE BILLED
	_____ PAYMENT RECIEVED

cc: Security Director, Security Office, Office Manager, Marketing, Tenant Coordinator, Facilities Coordinator, MOD, UG2 and Store/Tenant original in Lease File