



Notice of Service Interruption/Area Closure
Western University
Facilities Management
Client Services 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail
 Print Form

Date of Interruption/Closure: <input type="text" value="October 6 - 10, 2014"/>	Time(s): <input type="text" value="8:00AM October 6 - 4:00PM October 10"/>
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Building(s) Affected: #1 #2
 #3 #4

Areas/Rooms Affected Alternate Route/Service:

Service to be interrupted: #1 #2
 #3 #4

Description/Reason for Project:

Requester: Date of Request:

Supervising Tradesperson: Unit:

Trade Supervisor: Unit: Date:

Contractor: Phone #:

Coordinator/Project Manager: Phone #: Date:

Reviewed by Trade Supervisor(s)/Shop(s) Affected:

Name: <input type="text" value="WES Control"/> Date: <input type="text" value="Sep 10, 2014"/> Signature/Stamp: REVIEWED <small>By Wayne Drummond (ppdwad@uwo.ca) at 2:43 pm, Sep 10, 2014</small>	Name: <input type="text" value="Plumber/Fitter Shop"/> Date: <input type="text" value="Sep 10, 2014"/> Signature/Stamp: APPROVED <small>By Carmen Bertone (cbertone@uwo.ca) at 8:19 am, Sep 11, 2014</small>												
Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: APPROVED	Principal Occupants: <table border="1" style="width:100%"> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> </table>	Name:	Ext.:	Date:	Name:	Ext.:	Date:	Name:	Ext.:	Date:	Name:	Ext.:	Date:
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Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/> APPROVED <small>By Dan Trudgeon (fminterr@uwo.ca) at 9:53 am, Sep 11, 2014</small>												

Notes: