

Notice of Service Interruption/Area Closure Western University Facilities Management

Client Services 519-661-3304 (fmhelp@uwo.ca)

| | L L DA | | | Sub | omit by E-r | nail Print Form |
|---|---|-----------------|---------------------|-------------------------------|--------------|-------------------|
| Date of Interruption/Closure Aug 21, 2014 Time(s): 6:00pm - 12:00am | | | | | | |
| Building(s) #1 Alumni Hall #2 Affected: #3 #4 Areas/Rooms Affected Alternate Route/Service: #4 | | | | | | |
| all rooms | | | | | | |
| Service to be interrupted: #1 Domestic Cold Water #2 #3 Domestic Hot Water #4 Description/Reason for Project: #4 | | | | | | |
| install new water meter and isolation valves | | | | | | |
| Requester: P Dearing | | | | Date of Request: Aug 11, 2014 | | |
| Supervising Tradesperson: P Dearing Unit: Plumbing | | | | | | |
| Trade Supervisor: Carmen Bertone Unit: Plumbing Date:Aug 11, 2014 | | | | | | Date:Aug 11, 2014 |
| Contractor: Coordinator/Project Manager: | | | | Phone # | | |
| Reviewed by Trade Supervisor(s)/Shop(s) Affected: | | | | | | |
| Name: | Plumber Fitter Shop | Date: | Name: | | | Date: |
| Signature/ Stamp: | APPROVED By Carmen Bertone (cbertone @uwo.ce) at 3.29 pr | n, Aug 11, 2014 | Signature Stamp: | 1 33~. | | |
| Reviewed by: Principal Occupants: | | | | | | |
| Name: | Name: Date: | | Name: | | Ext. | Date: |
| Signature/ | | | Name: | | Ext. | Date: |
| Stamp: | | | Name: Name: | | Ext. Ext. | Date: |
| Approval to Proceed: Date: Approval to Proceed: Date: | | | | | | |
| APPROVED By Andrew (fmfinterr@uwo.ca) at 10:08 am, Aug 15, 2014 | | | | | | |
| Notes: | | | | | | |