



**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:  Time(s):

Building(s) Affected: #1  #2   
 #3  #4

Areas/Rooms Affected Alternate Route/Service:  
 Annual Fire Alarm Device Test. Individual devices will be tested throughout the building. All rooms need to be entered to perform testing. Devices in individual units will be tested between 9 am and 4:30 pm.

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: Fire Safety	Date: Mar 20, 2015	Name: Housing	Date: Mar 23, 2015
Signature/Stamp:		Signature/Stamp: APPROVED <small>By Chris Yeo (cyeo3@uwo.ca) at 4:01 pm, Mar 24, 2015</small>	
Name:	Date:	Principal Occupants:	
Signature/Stamp:		Name:	Ext. Date:
Name:	Date:	Name:	Ext. Date:
Signature/Stamp:		Name:	Ext. Date:
Name:	Date:	Name:	Ext. Date:
Signature/Stamp:		Approval to Proceed: <input type="text"/> Date: <input type="text"/>	
Name:	Date:	APPROVED <small>By Dan Trudgeon (fminterr@uwo.ca) at 7:15 am, Mar 26, 2015</small>	
Signature/Stamp:			

Notes: