



**Notice of Project
Western University
Facilities Management
Client Services 519-661-3304 (fmhelp@uwo.ca)**

Submit by E-mail

Print Form

Project Number: Miniature Attached Date/Schedule:
 Project Name: Time:

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:

Project Manager/Co-ordinator: Phone # Cell #
 Signature/Stamp:  Digitally signed by Mike DeJager
DN: cn=Mike DeJager, o=UWO,
ou=FE&E,
email=mdejager@uwo.ca, c=CA
Date: 2018.05.08 11:23:58 -0400 Client Contact: Phone #
 Designer Consultant:

Contractor: Cell #

Emergency Phone List: (to CCPS Only) Attached To Follow

Special Conditions (Noise, Odors, Asbestos, Etc.)

Asbestos Type 3 Type 2 Type 1 Contractor In House Team Other
 Information Sheet Sent To Client

Comments:

Shutdowns/Interruptions(Approximate Schedule):
 Electrical Power Date: _____ Elevators Date: _____ ITS Date: _____
 Domestic Water Date: _____ Fire Alarms Date: _____ Other Date: _____
 Steam Date: _____ Chilled Water Date: _____
 Hot Water Heating Date: _____ Roads / Lots Date: _____

Issued By:
 Signature/Stamp: Date:
 Date:

Note: