



Western UNIVERSITY • CANADA

# Notice of Service Interruption/Area Closure Western University Facilities Management

Service Centre 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail

Print Form

Date of Interruption/Closure: <input type="text" value="Jun 17, 2014"/>	Time(s): <input type="text" value="8:30 am -4:00 pm"/>
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Building(s) Affected:

#1 <input type="text" value="Bayfield Hall Residence"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:

Service to be interrupted:

#1 <input type="text" value="Exhaust Fans"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

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="Electrical Mechanical Shop"/>	Date: <input type="text" value="Jun 2, 2014"/>	Name: <input type="text" value="Jerry Minler"/>	Date: <input type="text"/>
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Signature/Stamp:	Signature/Stamp:
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Reviewed by: \_\_\_\_\_ Principal Occupants:

Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
		Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
		Name: <input type="text"/>	Ext.:	Date: <input type="text"/>

Approval to Proceed: \_\_\_\_\_ Date:  Approval to Proceed: \_\_\_\_\_ Date:

By Andrew (amerucci@uwo.ca) at 8:13 am, Jun 04, 2014

Notes: