



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="May 5, 2015"/>	Time(s): <input type="text" value="8:00 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="laundry Exhaust"/>	#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="Housing"/>	Date: <input type="text" value="Apr 24, 2015"/>	Name: <input type="text"/>	Date: <input type="text"/>
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Signature/Stamp: APPROVED <i>By Chris Yeo (cyeo3@uwo.ca) at 6:29 am, May 05, 2015</i>	Signature/Stamp: <input type="text"/>
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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:

APPROVED
By Dan Trudgeon (fminterr@uwo.ca) at 9:20 am, May 05, 2015

Notes: