



**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: <input type="text" value="August 25, 2014"/>	Time(s): <input type="text" value="10:00AM - 1:00PM"/>
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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:

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="WES"/> Date: <input type="text"/> Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Dan Trudgeon (fminterr@uwo.ca) at 2:44 pm, Aug 21, 2014</small>	Name: <input type="text" value="Plumber Fitter Shop"/> Date: <input type="text"/> Signature/Stamp: <input type="text" value="APPROVED"/> <small>By Carmen Bertone (cbertone@uwo.ca) at 3:21 pm, Aug 20, 2014</small>												
Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/>	Principal Occupants: <table border="1" style="width:100%"> <tr> <td>Name: Vicky Lightfoot</td> <td>Ext. 84547</td> <td>Date: Aug 18, 2014</td> </tr> <tr> <td>Name: Ivan Barker (Dr. Moser Lab)</td> <td>Ext. 88397</td> <td>Date: Aug 19, 2014</td> </tr> <tr> <td>Name: Dr. Roberta Flemming</td> <td>Ext. 83143</td> <td>Date: Aug 19, 2014</td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> </table>	Name: Vicky Lightfoot	Ext. 84547	Date: Aug 18, 2014	Name: Ivan Barker (Dr. Moser Lab)	Ext. 88397	Date: Aug 19, 2014	Name: Dr. Roberta Flemming	Ext. 83143	Date: Aug 19, 2014	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
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Name: Ivan Barker (Dr. Moser Lab)	Ext. 88397	Date: Aug 19, 2014											
Name: Dr. Roberta Flemming	Ext. 83143	Date: Aug 19, 2014											
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>											
Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/> <input type="text" value="APPROVED"/> <small>By Dan Trudgeon (fminterr@uwo.ca) at 2:45 pm, Aug 21, 2014</small>												
Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/>													

Notes: