



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:

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="ACMF Shop"/>	Date: <input type="text" value="Dec 4, 2015"/>	Name: <input type="text" value="WES Control"/>	Date: <input type="text" value="Dec 4, 2015"/>
Signature/Stamp: <input type="text" value="APPROVED"/> <small>By ken hill (kenhill@uwo.ca) at 9:23 am, Dec 04, 2015</small>		Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Wayne Drummond (ppdwad@uwo.ca) at 8:51 am, Dec 04, 2015</small>	

Name: Date:

Signature/Stamp: <input type="text" value="APPROVED"/> <small>By Steve Pepper (spepper@uwo.ca) at 9:26 am, Dec 04, 2015</small>	Principal Occupants:	
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>

Name: Date:

Signature/Stamp:

Name: Date:

Signature/Stamp:
By Dan Trudgeon (fminterr@uwo.ca) at 8:20 am, Dec 07, 2015

Notes: