



**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 Manager:  Unit:  Date:

Contractor:  Phone #

Coordinator/Project Manager:  Phone #  Date:

Reviewed by Trade Manager(s)/Shop(s) Affected:

Name:	Date:	Name:	Date:
Signature/Stamp:		Signature/Stamp:	
Name:	Date:	Principal Occupants:	
Signature/Stamp:		Name: Warren Lindsay	Ext. 80979 Date:
Name:	Date:	Name: Michael Kerr	Ext. 86354 Date:
Signature/Stamp:		Name: Johanna Blacquiére	Ext. 81284 Date:
Name:	Date:	Name:	Ext. Date:
Signature/Stamp:		Approval to Proceed: <input type="checkbox"/> Date: <input type="text"/>	
Name:	Date:	<div style="border: 2px solid green; padding: 5px; text-align: center;"> <b>APPROVED</b>  <i>By Dan Trudgeon at 3:48 pm, Oct 11, 2016</i> </div>	
Signature/Stamp:			

Notes: