



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="June 1 - Aug 15th 2017"/>	Time(s): <input type="text" value="7:00 AM - 5:00 PM"/>
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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:

 Alternate Route - Exit 2

Requester: Date of Request:

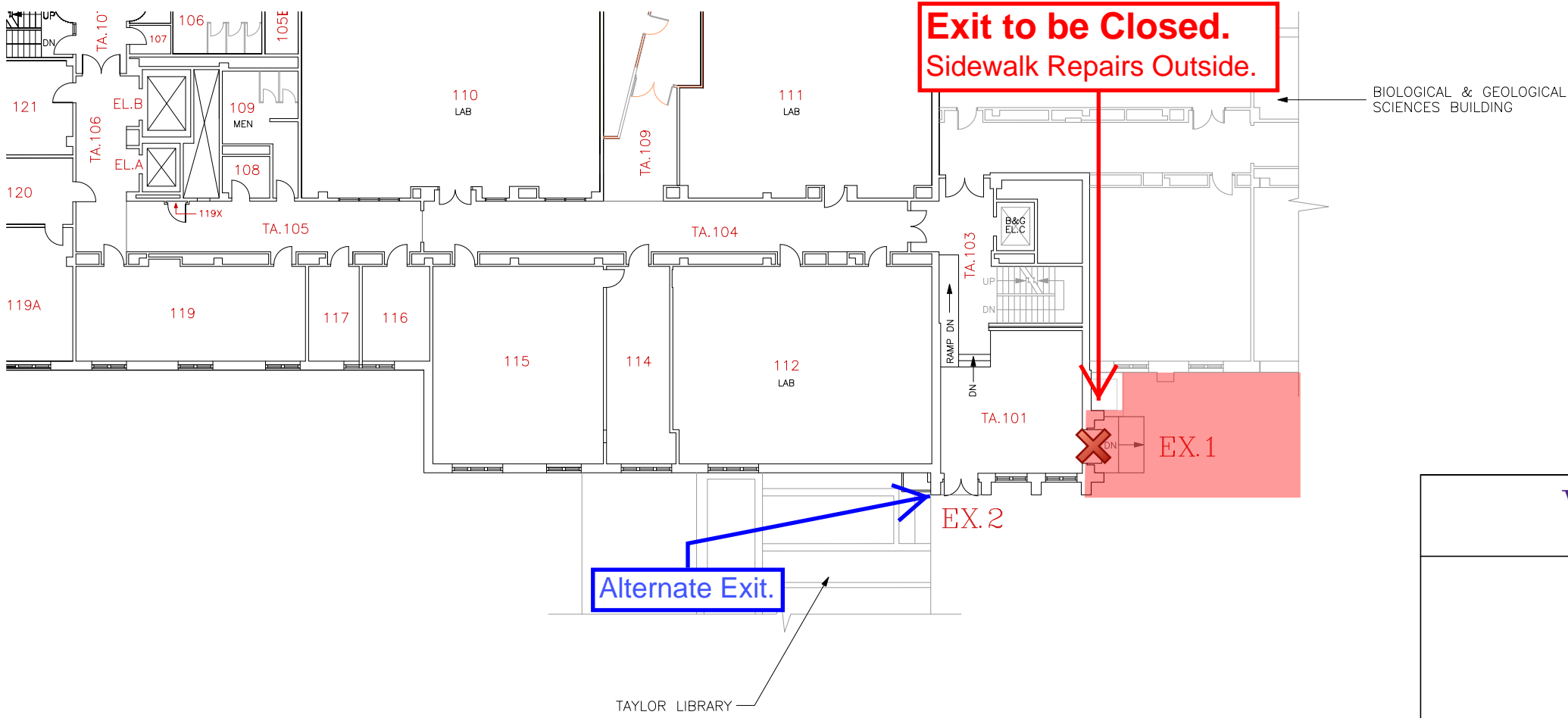
Supervising Tradesperson: Unit:
 Trade Supervisor: Unit: Date:

Contractor: Phone #:
 Coordinator/Project Manager: Phone #: Date:

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

Name: <input type="text" value="Ted Chelchowski"/> Date: <input type="text" value="May 29, 2017"/>	Name: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp:	Signature/Stamp: <input type="text"/>	
Name: <input type="text"/> Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: <input type="text"/>	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>	
Name: <input type="text"/> Date: <input type="text"/>	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>	
Name: <input type="text"/> Date: <input type="text"/>	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/>	
Name: <input type="text"/> Date: <input type="text"/>	APPROVED By Dara Gomez at 3:15 pm, May 29, 2017	
Signature/Stamp: <input type="text"/>		

Notes:



		SCALE
<p>BUILDING NORTH</p>	DATE	2013-02-19
	DRAWN	R. THOMAS
	CHECKED	
	APPROVED	
FACILITIES MANAGEMENT		DWG. FILE No. CHB-04
SCALE		GEODETIC ELEV.
BUILDING FLOOR PLAN - LEVEL 04 (FIRST FLOOR PLAN)		04
CHEMISTRY BUILDING		