



**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: **APPROVED**  Unit:  Date:   
*By Steve MacKay (smackay@uwo.ca) at 8:28 am, Dec 15, 2015*

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

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

|   |   |  |  |
|---|---|--|--|
| Name: <input type="text" value="WES Control"/>  | Date: <input type="text" value="Dec 14, 2015"/> | Name: <input type="text"/>   | Date: <input type="text"/>                           |
| Signature/Stamp: <b>REVIEWED</b><br><i>By Wayne Drummond (ppdwad@uwo.ca) at 8:08 am, Dec 15, 2015</i> |   | Signature/Stamp: <input type="text"/>  | <input type="text"/>                                 |
| Name: <input type="text"/>  | Date: <input type="text"/>                      | Principal Occupants:   |  |
| Signature/Stamp: <input type="text"/>   | <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"/>   | <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"/>   | <input type="text"/>                            | Approval to Proceed: <input type="text"/> Date: <input type="text"/>                 |  |
| Name: <input type="text"/>  | Date: <input type="text"/>                      | <b>APPROVED</b><br><i>By Dan Trudgeon (fminterr@uwo.ca) at 8:49 am, Dec 16, 2015</i> |  |
| Signature/Stamp: <input type="text"/>   | <input type="text"/>                            |  |  |

Notes: