



**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: **REVIEWED**  
 By Jesse Atkinson (jatkin48@uwo.ca) at 3:37 pm, Nov 04, 2016

Signature/Stamp:

Name:  Date:

Signature/Stamp: **APPROVED**  
 By Steve MacKay (smackay@uwo.ca) at 11:54 am, Nov 07, 2016

Principal Occupants:

Name:	Ext.	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name:  Date:

Signature/Stamp: **APPROVED**  
 By ken hill (kenhill@uwo.ca) at 8:28 am, Nov 07, 2016

Approval to Proceed:  Date:

Name:  Date:

Signature/Stamp:

**APPROVED**  
 By Dan Trudgeon (dtrudgeo@uwo.ca) at 1:35 pm, Nov 07, 2016

Notes: