

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 OCT 17th to 31st 2016 Time(s): 7:00am - 5:00 pm | | | | | | | |
|---|----------------------------------|-------------------|----------------------|---|-------|--------------|--|
| Building(s) #1 CONVERGENCE CENTRE (CONV) 999 Collip Circle #2 Affected: #3 #4 Areas/Rooms Affected Alternate Route/Service: EXTERIOR WINDOWS | | | | | | | |
| Service to be #1 Traffic Area #2 interrupted: #3 #4 Description/Reason for Project: RE-SEALING WINDOWS AND BEAMS | | | | | | | |
| Requester: Ted Chelchowski Date of Request: Oct 14, 2016 | | | | | | | |
| Supervising Tradesperson: Unit: | | | | | | | |
| Trade Supervisor: Ted Chelchowski Unit: | | | | Carpenter Date:Oct 14, 2016 | | | |
| Contractor: FOREST CITY CAULKING | | | | Phone # +1 (519) 521-88 | 96 | | |
| Coordinator/Project Manager: TED CHELCHOWSKI | | | | Phone # 88954 Date:Oct 14, 2016 | | | |
| Reviewed by Trade Supervisor(s)/Shop(s) Affected: | | | | | | | |
| Name: | Ted Chelchowski | Date: Oct 14, 201 | 6 Name: | Name: | | Date: | |
| | | | Signature, Stamp: | | | | |
| Name: | Name: Date: Principal Occupants: | | | | | | |
| Signature/ | | Name: | Name: | | Date: | | |
| Stamp: | | | Name: | | Ext. | Date: | |
| Name: | | Date: | Name: | | Ext. | Date: | |
| Signature/ Stamp: | | | Name: | Name: Ext. Date: Approval to Proceed: Date: | | | |
| | | | | | | 24.0.1 | |
| Name: Date: Signature/ Stamp: APPROVED By Andrew Merucci at 11:37 am, Oct 14, 2016 | | | | | | oct 14, 2016 | |
| Notes: | | | | | | | |