



**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:  Unit:  Date:

Contractor:  Phone #

Coordinator/Project Manager:  Phone #  Date:

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

Name: <input type="text" value="Plumber / Fitter Shop"/> Date: <input type="text" value="Jun 19, 2015"/> Signature/Stamp: <b>REVIEWED</b> <small>By Dan Gyetvai (dgyetvai@uwo.ca) at 3:21 pm, Jun 19, 2015</small>	Name: <input type="text" value="WES Control"/> Date: <input type="text" value="Jun 19, 2015"/> Signature/Stamp: <b>REVIEWED</b> <small>By Wayne Drummond (gpdward@uwo.ca) at 9:11 am, Jul 13, 2015</small>												
Name: <input type="text" value="ACMF Shop"/> Date: <input type="text" value="Jun 19, 2015"/> Signature/Stamp: <b>RECEIVED</b> <small>By ken hill (kenhill@uwo.ca) at 12:24 pm, Jun 19, 2015</small>	Principal Occupants: <table border="1"> <tr><td>Name:</td><td>Ext.</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.</td><td>Date:</td></tr> </table>	Name:	Ext.	Date:	Name:	Ext.	Date:	Name:	Ext.	Date:	Name:	Ext.	Date:
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Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/> <b>APPROVED</b> <small>By Dan Trudgeon (fminterr@uwo.ca) at 9:16 am, Jul 13, 2015</small>												
Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/>													

Notes: