



**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: <input type="text" value="Electrical Shop"/>	Date: <input type="text" value="Sep 27, 2016"/>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text" value="Sep 27, 2016"/>
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Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Heather Zavitz (hzavitz@uwo.ca) at 2:21 pm, Sep 27, 2016</small>	Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Frank (ffaroni@uwo.ca) at 2:23 pm, Sep 27, 2016</small>
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Name:  Date:  Principal Occupants:

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

Approval to Proceed:  Date:

Signature/Stamp:   
By Dan Trudgeon (dtrudgeo@uwo.ca) at 3:26 pm, Sep 29, 2016

Notes: