



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 / Mechanical Shop"/>	Date: <input type="text" value="Aug 24, 2017"/>	Name: <input type="text" value="WES Control"/>	Date: <input type="text" value="Aug 24, 2017"/>
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Signature/Stamp: <input type="text" value="APPROVED"/> <small>By spepper (spepper@uwo.ca) at 11:10 am, Aug 24, 2017</small>	Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Jesse Atkinson (jatin48@uwo.ca) at 12:30 pm, Aug 24, 2017</small>
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Name: <input type="text"/>	Date: <input type="text"/>	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"/>	
Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="text"/>			
Name: <input type="text"/>	<input type="text" value="APPROVED"/> <small>By Dara Gomez (dgomez5@uwo.ca) at 1:19 pm, Aug 24, 2017</small>			
Signature/Stamp: <input type="text"/>				

Notes: