



**Notice of Project**  
**The University of Western Ontario**  
**Facilities Management**  
**Service Centre 519-661-3304 (ppdhelp@uwo.ca)**

Submit by Email

Print Form

Project Number:   Miniature Attached

Project Name:  Expected Schedule Date:


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:

Project Manager/Co-ordinator:  Phone #  Cell #

Signature/Stamp:  Client Contact:  Phone #   
 Designer Consultant:

Contractor:  Cell #

Emergency Phone List: (to UPD Only)  Attached  To Follow

Special Conditions ( Noise, Odors, Asbestos, Etc.)

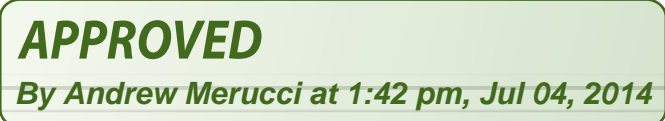
Asbestos  Type 3  Type 2  Type 1  Contractor  In House Team  Other  
 Information Sheet Sent To Client

Comments:

Shutdowns/Interruptions(Approximate Schedule):

Electrical Power <input type="checkbox"/>	Date:	Elevators <input type="checkbox"/>	Date:	ITS <input type="checkbox"/>	Date:
Domestic Water <input checked="" type="checkbox"/>	Date:	Fire Alarms <input type="checkbox"/>	Date:	Other <input checked="" type="checkbox"/>	Date:
Steam <input type="checkbox"/>	Date:	Chilled Water <input type="checkbox"/>	Date:		
Hot Water Heating <input type="checkbox"/>	Date:	Roads / Lots <input type="checkbox"/>	Date:		

Issued By:  Date:

Signature/Stamp:  Date:

Note: