



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) #1 #2
Affected: #3 #4

Areas/Rooms Affected Alternate Route/Service:

Washroom 2013.

Service to be #1 #2
interrupted: #3 #4

Description/Reason for Project:

Replacement of ceiling tiles in washroom 2013 which will be closed.

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"/>	Date: <input type="text"/>	Name: <input type="text"/>	Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>		Signature/Stamp: <input type="text"/>		
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"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <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"/> Date: <input type="text"/>		
Name: <input type="text"/>	Date: <input type="text"/>			
Signature/Stamp: <input type="text"/>		APPROVED <i>By Dan Trudgeon at 11:52 am, Apr 03, 2018</i>		

Notes: