



**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:

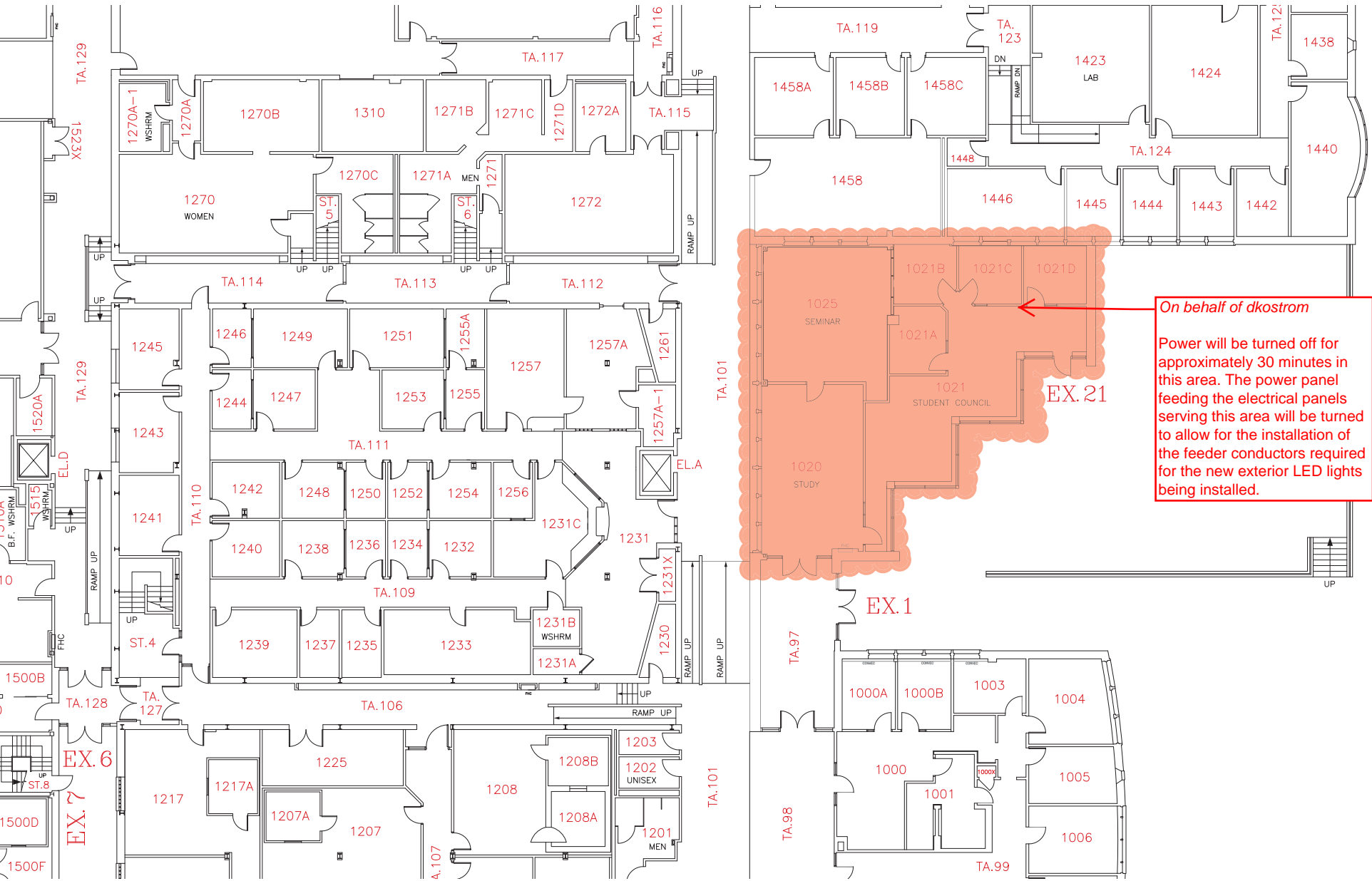
Supervising Tradesperson:  Unit:   
 Trade Manager:  Unit:  Date:

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="Oct 13, 2017"/>	Name: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp:		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"/>	Date: <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"/>	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"/>			

Notes:



On behalf of dkostrom

Power will be turned off for approximately 30 minutes in this area. The power panel feeding the electrical panels serving this area will be turned to allow for the installation of the feeder conductors required for the new exterior LED lights being installed.