



**Notice of Project  
Western University  
Facilities Management  
Client Services 519-661-3304 (fmhelp@uwo.ca)**

Submit by E-mail

Print Form

Project Number:   Miniature Attached

Date/Schedule:

Project Name:

Time:

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 CCPS 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 type="checkbox"/>	Date: _____	Fire Alarms <input type="checkbox"/>	Date: _____	Other <input 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:

Signature/Stamp:

Date:

Date:

Note: