



**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 Supervisor:  Unit:  Date:

Contractor:  Phone #

Coordinator/Project Manager:  Phone #  Date:

Reviewed by Trade Supervisor(s)/Shop(s) Affected:

Name: <input type="text" value="Parking Services"/>	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"/>
<div style="border: 2px solid green; padding: 5px; text-align: center;"> <b>APPROVED</b>  <i>By Andrew (fmfinterr@uwo.ca) at 8:39 am, Mar 17, 2016</i> </div>		Name: <input type="text"/>	Date: <input type="text"/>
		Name: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Approval to Proceed: <input type="text"/>	
Signature/Stamp: <input type="text"/>			

Notes:

BOOM TRUCK LIFT  
TAKE UP THREE  
HANDICAP  
PARKING SPACES

ELBORN  
COLLEGE

ELBORN  
PARKING  
LOT

SARNIA  
ROAD

WESTERN  
ROAD

THOMPSON  
RECREATION  
ATHLETIC CE

PHILLIP AZIZ AVE

ESSEX  
HALL  
RESIDENCE

