



**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: <input type="text" value="August 23, 2016"/>	Time(s): <input type="text" value="1:00PM-3:00PM"/>
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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="Housing"/> Date: <input type="text" value="Aug 19, 2016"/>	Name: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text" value="APPROVED"/>	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"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>	<input type="text" value="APPROVED"/> By Justin DeGurse (jdegurs3@uwo.ca) at 7:08 am, Aug 22, 2016	
Name: <input type="text"/> Date: <input type="text"/>		

Notes: