



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="May 12, 2014"/>	Time(s): <input type="text" value="7:30 am - 12:00 pm"/>
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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="Electrical Shop"/>	Date: <input type="text"/>	Name: <input type="text" value="WES"/>	Date: <input type="text"/>
Signature/Stamp: APPROVED <small>By Doug Johnson (djohnso1@uwo.ca) at 11:27 am, Mar 18, 2014</small>		Signature/Stamp: REVIEWED <small>By Wayne Drummond (ppdwad@uwo.ca) at 9:13 am, Mar 18, 2014</small>	

Reviewed by: Name: <input type="text" value="Mary Stiles"/> Date: <input type="text"/> Signature/Stamp: APPROVED	Principal Occupants: <table border="1" style="width:100%"> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> </table>	Name:	Ext.:	Date:	Name:	Ext.:	Date:	Name:	Ext.:	Date:	Name:	Ext.:	Date:
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Approval to Proceed: <input type="text"/> Date: <input type="text"/> APPROVED <small>By Andrew (amerucci@uwo.ca) at 3:10 pm, Mar 18, 2014</small>	Approval to Proceed: <input type="text"/> Date: <input type="text"/> REVIEWED <small>By Frank (ffaroni@uwo.ca) at 9:01 am, Mar 18, 2014</small>
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