



**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:  
 Individual devices will be tested throughout the building. All rooms will be entered to perform testing.

Service to be interrupted: #1  #2   
 #3  #4

Description/Reason for Project:  
 Annual Fire Alarm Device Test.

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: <b>Fire Safety</b>	Date:	Name: <b>Housing</b>	Date: <b>Jul 5, 2017</b>
Signature/Stamp: <b>REVIEWED</b> <small>By Jenn Romyn (jromyn2@uwo.ca) at 8:35 am, Jul 05, 2017</small>		Signature/Stamp: <b>APPROVED</b> <small>By Chris Yeo (cyeo3@uwo.ca) at 2:02 pm, Jul 06, 2017</small>	
Name:	Date:	<b>Principal Occupants:</b>	
Signature/Stamp:		Name:	Ext. Date:
Name:	Date:	Name:	Ext. Date:
Signature/Stamp:		Name:	Ext. Date:
Name:	Date:	Name:	Ext. Date:
Signature/Stamp:		Approval to Proceed: <input type="text"/> Date: <input type="text"/>	
Name:	Date:	<b>APPROVED</b> <small>By Dara Gomez (dgomez5@uwo.ca) at 9:04 am, Jul 07, 2017</small>	
Signature/Stamp:			

Notes: