

## 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 Interru	ption/Closure Apr 24, 2015	Time(s): 6:00	am - 12:00 Noor	1				
r	#1 ALTHOUSE COLLEGE (FEB) (ACE) #3 s Affected Alternate Route/Serv		#2 #4					
Parking lot area blocked off for crane lift. See attached print for affected area.								
Service to be interrupted:	nterrupted: #3 #4							
Description/Reason for Project:  Parking lot area closed to allow crane lift of chiller from mechanical room. Parking lot will be closed at 6:00 am. Crane lift will be between 7:0am & noon.								
Requester: Ken Hill Date of Request: Apr 22, 2015								
Supervising Tradesperson: Ken Hill Unit: Refrigeration								
Trade Super	visor: Ken Hill	Unit: Ref	igeration Date:Apr 22, 2015					
Contractor: Phone #								
Coordinator/Pro	oject Manager:	Pho	Phone # Date:					
Reviewed by Tr	ade Supervisor(s)/Shop(s) Affected	l:						
Name:	ACMF	Date:	Name:	Parking Service	Parking Services Date:		e:	
Signature/ Stamp:	2 (20			APPROVED  By Mark Van Den Bossche (mvand49@uwo.ca) at 10:03 am, Apr 22, 2015				
Stamp.	K. HIL		Signature/ Stamp:			uwo.ca) at	10:03 am, Apr 22, 2015	
Name:	L. HILO	Date:	Stamp:	By Mark Van Den Bosso		uwo.ca) at	10:03 am, Apr 22, 2015	
Name:	L. HIL	Date:		By Mark Van Den Bosso		uwo.ca) at	10:03 am, Apr 22, 2015	
•	L. HIL	Date:	Stamp: Principal Occu	By Mark Van Den Bosso	che (mvand49@	uwo.ca) at		
Name: Signature/	K. HIL	Date:	Principal Occu	By Mark Van Den Bosso	Ext.	uwo.ca) at	Date:	
Name: Signature/ Stamp: Name:	K. HIL		Principal Occu Name: Name: Name:	By Mark Van Den Bosso	Ext. Ext. Ext. Ext.		Date: Date: Date: Date:	
Name: Signature/ Stamp: Name:	L. HIL	Date:	Principal Occu Name: Name: Name:	By Mark Van Den Bosso	Ext. Ext. Ext. Ext.	∂uwo.ca) at	Date: Date: Date: Date:	
Name: Signature/ Stamp: Name:	L. HIL		Principal Occu Name: Name: Name: Name:	By Mark Van Den Bosso	Ext. Ext. Ext. Ext.		Date: Date: Date: Date:	
Name: Signature/ Stamp: Name: Signature/ Stamp:	L. HIL	Date:	Principal Occu Name: Name: Name: Name: APPRO	By Mark Van Den Bosso	Ext. Ext. Ext. Ext. :	Dat	Date: Date: Date: Date:	

