



**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 Manager:  Unit:  Date:

Contractor:  Phone #   
 Coordinator/Project Manager:  Phone #  Date:

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

|  |   |  |   |
|--|---|--|---|
| Name: <input type="text" value="Electrical Shop"/> | Date: <input type="text" value="Dec 14, 2016"/> | Name: <input type="text" value="Fire Safety"/> | Date: <input type="text" value="Dec 14, 2016"/> |
| Signature/Stamp:                                   |   | Signature/Stamp:                               |   |
| Name: <input type="text"/>                         | Date: <input type="text"/>                      | Principal Occupants:                           |   |
| Signature/Stamp: <input type="text"/>              |   | Name: <input type="text"/>                     | Ext. <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"/>                     | Ext. <input type="text"/>                       |
| Name: <input type="text"/>                         | Date: <input type="text"/>                      | Name: <input type="text"/>                     | Ext. <input type="text"/>                       |
| Signature/Stamp: <input type="text"/>              |   | Approval to Proceed: <input type="text"/>      |   |
| Name: <input type="text"/>                         | Date: <input type="text"/>                      |  |   |
| Signature/Stamp: <input type="text"/>              |   |  |   |

Notes: