



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="December 20 & 21, 2015"/> | Time(s): <input type="text" value="7:00pm - 11:00pm"/> |
|---|--|

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"/> | Date: <input type="text"/> | Name: <input type="text"/> | Date: <input type="text"/> |
| Signature/Stamp: <input type="text"/> | | 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"/> |
| 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"/> | | Name: <input type="text"/> | Ext. <input type="text"/> |
| Name: <input type="text"/> | Date: <input type="text"/> | Approval to Proceed: <input type="text"/> | |
| Signature/Stamp: <input type="text"/> | | <div style="border: 2px solid green; padding: 5px; display: inline-block;"> APPROVED <i>By Dan Trudgeon at 10:54 am, Nov 17, 2015</i> </div> | |

Notes: