



**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 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="Fire Safety"/>	Date: <input type="text"/>
--	----------------------------	--	----------------------------

Signature/Stamp:	Signature/Stamp: <input type="text"/>
------------------	---------------------------------------

Reviewed by:  Principal Occupants:

Name: <input type="text" value="Jeff Jones"/>	Date: <input type="text" value="Jun 11, 2014"/>	Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
---	---	----------------------------	-------	----------------------------

Signature/Stamp:	Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
	Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
	Name: <input type="text"/>	Ext.:	Date: <input type="text"/>

Approval to Proceed:  Date:  Approval to Proceed:  Date:

**APPROVED**  
 By Andrew (amerucci@uwo.ca) at 7:51 am, Jun 13, 2014

Notes: