



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="ACMF"/> | Date: <input type="text" value="Jun 5, 2014"/> | Name: <input type="text" value="Jerry Minler"/> | Date: <input type="text"/> |
|---|--|---|----------------------------|

| | |
|------------------|------------------|
| Signature/Stamp: | Signature/Stamp: |
|------------------|------------------|

Reviewed by: _____ Principal Occupants:

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

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

By Andrew (amerucci@uwo.ca) at 2:00 pm, Jun 05, 2014

Notes: