



**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:  
 Annual Fire Alarm Device Test. Individual devices will be tested throughout the building. All rooms will be entered to perform testing.

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="Fire Safety"/>	Date: <input type="text" value="Apr 27, 2017"/>	Name: <input type="text" value="Housing"/>	Date: <input type="text" value="Apr 27, 2017"/>
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Signature/Stamp: 	Signature/Stamp: <b>APPROVED</b> <i>By Chris Yeo (cyeo3@uwo.ca) at 2:21 pm, May 01, 2017</i>
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Name:  Date:

Principal Occupants:

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

Signature/Stamp:  Date:

Name:  Date:

Approval to Proceed:  Date:

**APPROVED**  
*By Dan Trudgeon (dtrudgeo@uwo.ca) at 10:06 am, May 02, 2017*

Notes: