



**Notice of Project
Western University
Facilities Management
Client Services 519-661-3304 (fmhelp@uwo.ca)**

Submit by E-mail

Print Form

Project Number: Miniature Attached Date/Schedule:

Project Name: Time:

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:

Project Manager/Co-ordinator: Phone # Cell #

Signature/Stamp: Client Contact: Phone #
 Designer Consultant:

Contractor: Cell #

Emergency Phone List: (to CCPS Only) Attached To Follow

Special Conditions (Noise, Odors, Asbestos, Etc.)

Asbestos Type 3 Type 2 Type 1 Contractor In House Team Other
 Information Sheet Sent To Client

Comments:

Shutdowns/Interruptions(Approximate Schedule):

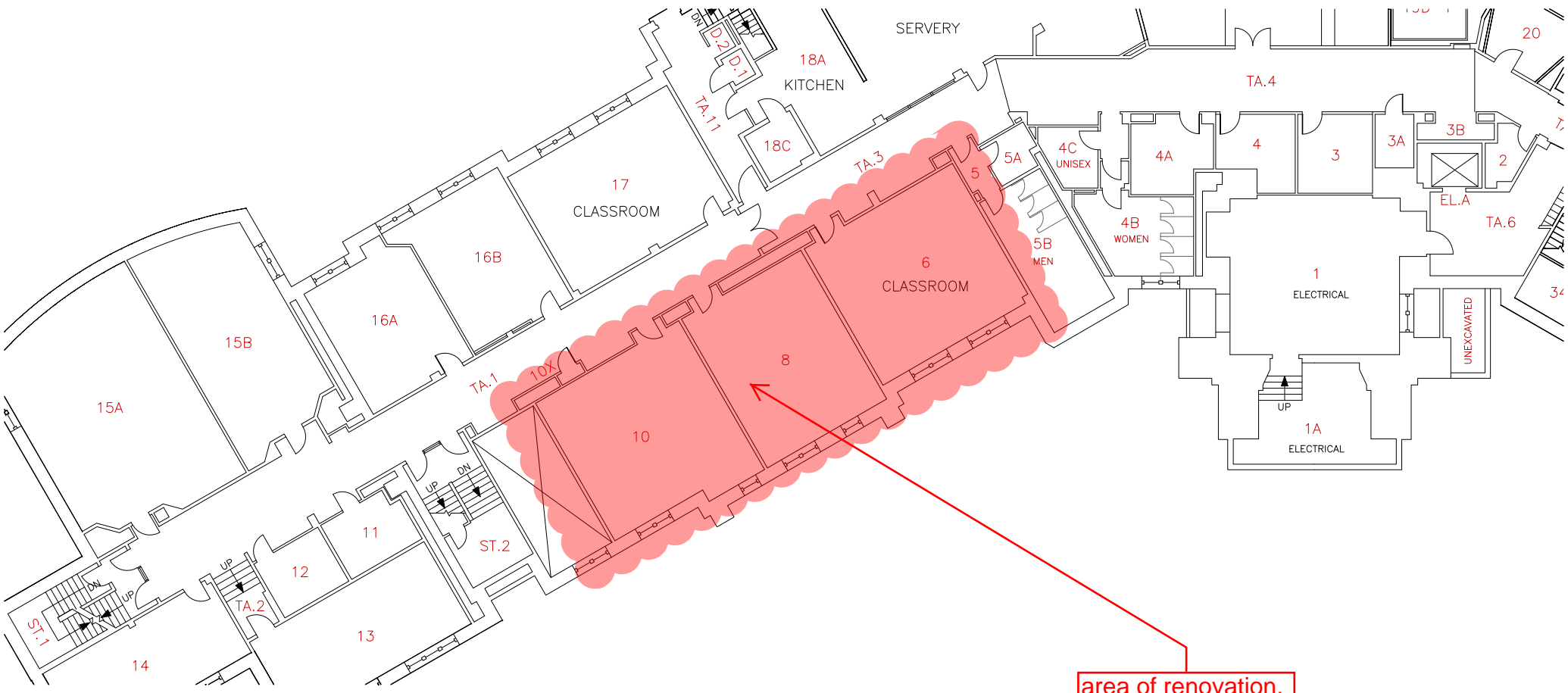
Electrical Power	<input type="checkbox"/>	Date: _____	Elevators	<input type="checkbox"/>	Date: _____	ITS	<input type="checkbox"/>	Date: _____
Domestic Water	<input type="checkbox"/>	Date: _____	Fire Alarms	<input type="checkbox"/>	Date: _____	Other	<input type="checkbox"/>	Date: _____
Steam	<input type="checkbox"/>	Date: _____	Chilled Water	<input type="checkbox"/>	Date: _____			
Hot Water Heating	<input type="checkbox"/>	Date: _____	Roads / Lots	<input type="checkbox"/>	Date: _____			

Issued By: Date:

Signature/Stamp: Date:

Note:

notice of project - 9D8419
renovations to rooms 6 & 8 & 10
for new SOGS offices.
october 16 --- december 22



area of renovation.