



**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:  Date:  Name:  Date:

Signature/Stamp:  Signature/Stamp: 

Reviewed by:  Date:  Principal Occupants:  

Name:	Ext.:	Date:
Name:	Ext.:	Date:
Name:	Ext.:	Date:
Name:	Ext.:	Date:

 Signature/Stamp:

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



Notes: