



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 Manager: Unit: Date:

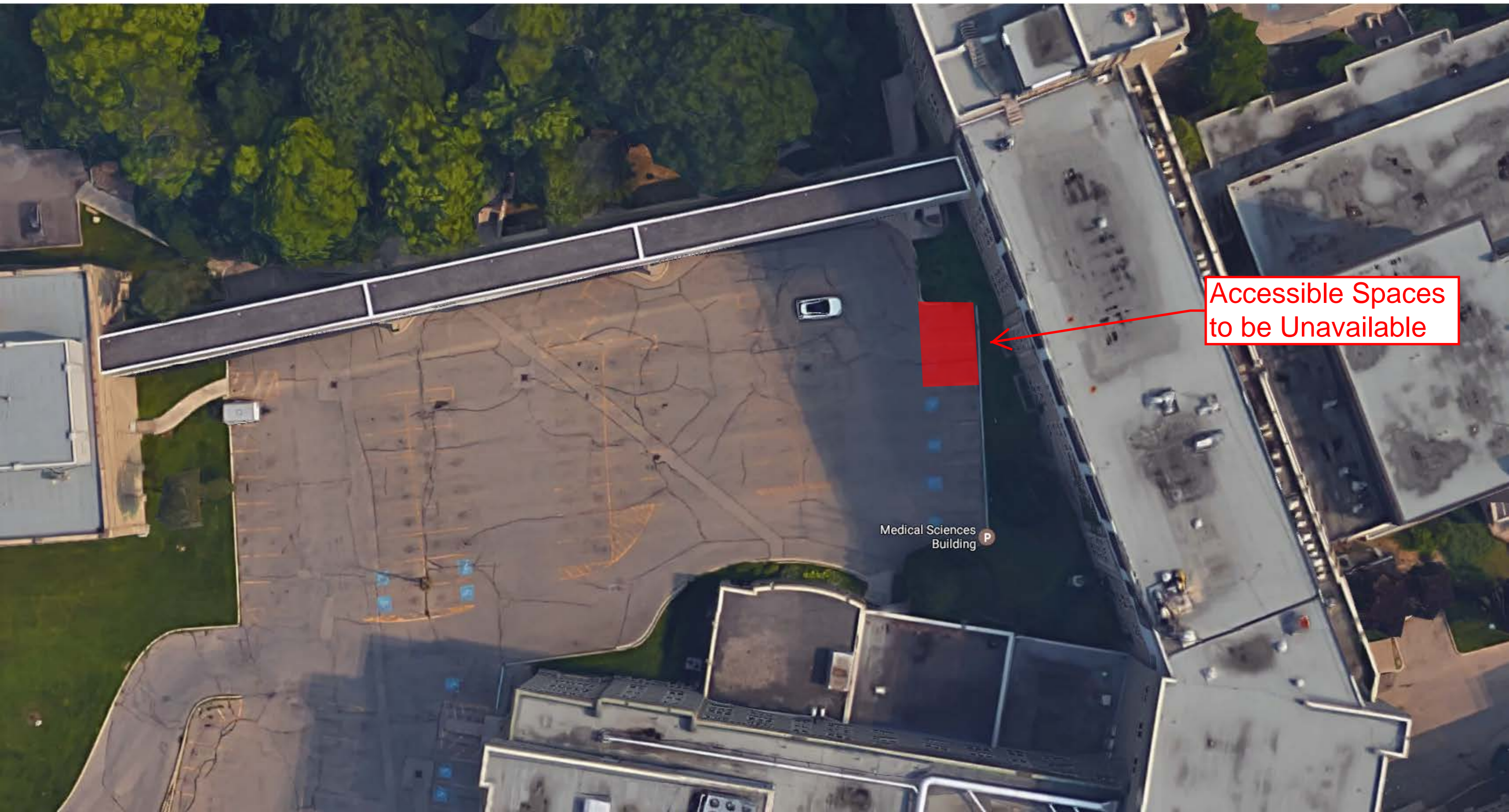
Contractor: Phone #

Coordinator/Project Manager: Phone # Date:

Reviewed by Trade Manager(s)/Shop(s) Affected:

Name: <input type="text" value="Parking & Visitor Services"/>	Date: <input type="text" value="Feb 3, 2017"/>	Name: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: 	Signature/Stamp: <input type="text"/>	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"/>	Signature/Stamp: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/> Date: <input type="text"/>
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"/>	Signature/Stamp: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/> Date: <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>	Signature/Stamp: <input type="text"/>	 By Dan Trudgeon (dtrudgeo@uwo.ca) at 8:35 am, Feb 07, 2017	

Notes:



Accessible Spaces
to be Unavailable

Medical Sciences Building P



Two spaces to be blocked off.