



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="Electrical Shop"/> | Date: <input type="text" value="Feb 18, 2015"/> | Name: <input type="text" value="WES Control"/> | Date: <input type="text" value="Feb 19, 2015"/> |
|--|---|--|---|

Signature/Stamp:

Signature/Stamp: **REVIEWED**
 By Wayne Drummond (ppdwad@uwo.ca) at 3:28 pm, Feb 19, 2015

Name: Date:

Signature/Stamp: **APPROVED**
 By Steve Pepper (spepper@uwo.ca) at 1:33 pm, Mar 04, 2015

Principal Occupants:

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

Name: Date:

Signature/Stamp:

Approval to Proceed: Date:

Name: Date:

APPROVED
 By Dan Trudgeon (fminterr@uwo.ca) at 8:59 am, Mar 05, 2015

Signature/Stamp:

Notes: