



**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="Plumber/Fitter Shop"/>	Date: <input type="text" value="Sep 16, 2014"/>	Name: <input type="text" value="WES Control"/>	Date: <input type="text" value="Sep 16, 2014"/>
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Signature/Stamp: **APPROVED**  
By Carmen Bertone (cbertone@uwo.ca) at 3:23 pm, Sep 16, 2014

Signature/Stamp: **REVIEWED**  
By Wayne Drummond (ppdwad@uwo.ca) at 2:33 pm, Sep 17, 2014

Name:  Date:

**Principal Occupants:**

Signature/Stamp:

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

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

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

Approval to Proceed:  Date:

Signature/Stamp:

**APPROVED**  
By Dan Trudgeon (fminterr@uwo.ca) at 2:36 pm, Sep 17, 2014

Notes: