



**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) #1  #2

Affected:

#3

#4

Areas/Rooms Affected Alternate Route/Service:

East Wing

Service to be #1  #2

interrupted:

#3

#4

Description/Reason for Project:

Rebuild mixing valve

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:

Date:

Name:

Date:

Signature/  
Stamp:

Signature/  
Stamp:

Name:

Date:

Principal Occupants:

Signature/  
Stamp:

**APPROVED**

Name:

Ext.

Date:

Name:

Ext.

Date:

Name:

Ext.

Date:

Name:

Ext.

Date:

Name:

Date:

Signature/  
Stamp:

Name:

Date:

Signature/  
Stamp:

Approval to Proceed:

Date:

**APPROVED**

By Justin DeGurse (jdegurs3@uwo.ca) at 12:57 pm, Aug 10, 2016

Notes: