



**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: <input type="text" value="JULY 18 - 22/16"/>	Time(s): <input type="text" value="ALL DAY"/>
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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="Ted Chelchowski"/> Date: <input type="text" value="Jul 11, 2016"/>	Name: <input type="text"/> Date: <input type="text"/>
Signature/Stamp:	Signature/Stamp: <input type="text"/>
Name: <input type="text" value="Fire Safety"/> Date: <input type="text" value="Jul 11, 2016"/>	Principal Occupants:
Signature/Stamp:	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"/>	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"/>	

Notes: