

## Notice of Service Interruption/Area Closure Western University Facilities Management

Client Services 519-661-3304 (fmhelp@uwo.ca)

UNIVERSITY · CANADA		3	ubmit by E-n	naii	Print Form
Date of Interruption/Closure Oct 1, 2014  Time(s): 5:30am - 7:30am					
Building(s) #1 PUBLIC HEALTH AND FAMILY MEDICINE #2 #4 Areas/Rooms Affected Alternate Route/Service:  ALL ROOMS					
Service to be #1 Domestic Cold Water #2 Domestic Hot Water interrupted: #3 #4  Description/Reason for Project:  INSTALL WATER METER					
Requester: P Dearing Date of Request:					
Supervising Tradesperson: P Dearing Unit: Plumbing					
Trade Supervisor: Carmen Bertone Unit: Plumbing Date:Oct 1, 2014					
Contractor:  Coordinator/Project Manager:  Phone #  Date:					
Reviewed by Trade Supervisor(s)/Shop(s) Affected:					
Name: Plumber Fitter Shop Date: Sep 24, 2	014 Name:	WES Contro	ol	Date:	Sep 24, 2014
Signature/ Stamp:	Signature Stamp:	Signature/ Stamp:  REVIEWED  By Wayne Drummond (ppdwad@uwc		1 8-49 am, Sep 25, 2014	
Reviewed by: Principal Occupants:					
Name: Date:	Name:	<del>-</del>	Ext.	Da	ate:
	Name:		Ext.	Da	ate:
Signature/ Name:			Ext.	Da	ate:
Stanip:	Name:		Ext.	Da	ate:
Approval to Proceed: Date: Approval to Proceed: Date:					
APPROVED  By Dan Trudgeon (fminterr@uwo.ca) at 9:16 am, Sep 29, 2014					
Notes:					