



**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"/>	Name: <input type="text" value="Plumber Fitter Shop"/>	Date: <input type="text"/>
Signature/Stamp: <input type="text"/>		Signature/Stamp: 	

Reviewed by:  Date:

Principal Occupants:

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

Signature/Stamp:

Approval to Proceed: Date:  Approval to Proceed: Date:

**APPROVED**  
 By Andrew (amerucci@uwo.ca) at 2:45 pm, May 30, 2014

Notes: