

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 August 18, 2016 | | Time(s): | 10:30am - 2:30pm | | | |
|---|---|----------------------|--|------|-------|---|
| Building(s) #1 Platts Lane-Apartments (PLE-A) Affected: #3 Areas/Rooms Affected Alternate Route/Service: all rooms 540 and 542 | | | | | | |
| Service to be #1 Domestic Cold Water #2 Domestic Hot Water interrupted: #3 #3 #4 Description/Reason for Project: install new premise isolation backflow | | | | | | |
| Requester: M White Date of Request: Aug 15, 2016 Supervising Tradesperson: P Dearing Unit: Plumber/Fitter Shop | | | | | | |
| Trade Manager: Dan Gyetvai | | | Plumber/Fitter Shop Date:Aug 15, 2016 | | | |
| Contractor: Coordinator/Project Manager: | | | Phone # | | | |
| Reviewed by Trade Manager(s)/Shop(s) Affected: Name: Plumber / Fitter Shop Date: Aug 15, 2016 Name: Date: | | | | | |] |
| Signature/ R.D. | Date:Aug 15, 2016 | Signature/ Stamp: | | | | |
| Name: Housing Building Services | | | Principal Occupants: Name: Ext. Date: | | | |
| Signature/ APPROVED Stamp: By Chris Yeo (cyeo3@uwo.ca) at 3:38 pm, Aug 16, 2016 | | Name: | | Ext. | Date: | |
| Name: | Date: | Name: | | Ext. | Date: | |
| Signature/ Stamp: | | Name: | Approval to Procee | Ext. | Date: | |
| Name: Signature/ Stamp: | Date: Date: By Dan Trudgeon (dtrudgeo @uwo.ca) at 1:33 pm, Aug 17, 2016 | | | | | |
| Notes: | | | | | | |