



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="Fire Safety"/> | Date: <input type="text" value="Mar 10, 2015"/> | Name: <input type="text"/> | Date: <input type="text"/> |
| Signature/Stamp:  | | Signature/Stamp: <input type="text"/> | |
| Name: <input type="text"/> | Date: <input type="text"/> | Principal Occupants: | |
| Signature/Stamp: <input type="text"/> | | Name: <input type="text"/> | Ext. <input type="text"/> |
| Name: <input type="text"/> | Date: <input type="text"/> | Name: <input type="text"/> | Ext. <input type="text"/> |
| Signature/Stamp: <input type="text"/> | | Name: <input type="text"/> | Ext. <input type="text"/> |
| Name: <input type="text"/> | Date: <input type="text"/> | Name: <input type="text"/> | Ext. <input type="text"/> |
| Signature/Stamp: <input type="text"/> | | Approval to Proceed: <input type="text"/> | |
| Name: <input type="text"/> | Date: <input type="text"/> | Date: <input type="text"/> | |
| Signature/Stamp: <input type="text"/> | | <input type="text"/> | |

Notes: