



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:

 Alternate EXITS - 5, 6 & 8

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="Jun 9, 2014"/>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text"/>
Signature/Stamp:		Signature/Stamp:	

Reviewed by: _____ Principal Occupants:

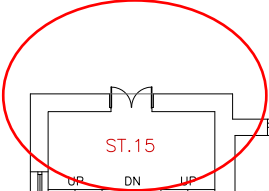
Name: <input type="text" value="WES"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
Signature/Stamp:		Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
		Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
		Name: <input type="text"/>	Ext.:	Date: <input type="text"/>

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

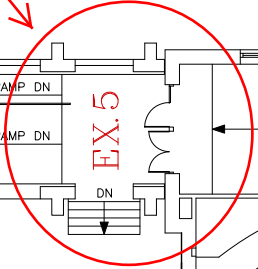
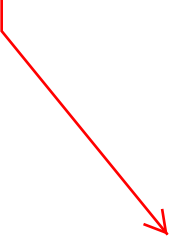
APPROVED
 By Andrew (amerucci@uwo.ca) at 2:00 pm, Jun 09, 2014

Notes:

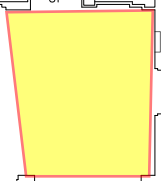
ALTERNATE EXIT ENTRANCE



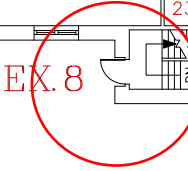
ALTERNATE EXIT ENTRANCE



AREA OF CLOSURE



ALTERNATE EXIT ENTRANCE



EX. 3

