

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 21 2017 | | Time(s): 7 | Time(s): 7:00am - 9:00am | | | |
|---|--------|--|--------------------------|------|-------------------|--|
| Building(s) #1 Saugeen-Maitland Hall Residence (SMHR) Affected: #3 Areas/Rooms Affected Alternate Route/Service | #2 #4 | | | | | |
| Entire Building. | | | | | | |
| Service to be #1 Chiller #2 | | | | | | |
| Requester: Peter Dearing Date of Request: Aug 18, 2017 | | | | | | |
| Supervising Tradesperson: Unit: | | | | | | |
| Trade Manager: Peter Dearing Unit: Plumber / Fitter Shop Date: Aug 18, 2017 | | | | | Date:Aug 18, 2017 | |
| Contractor: Coordinator/Project Manager: Phone # Date: | | | | | | |
| Reviewed by Trade Manager(s)/Shop(s) Affected: Name: | Date: | Name: | | | Date: | |
| Signature/ Stamp: | June 1 | Signature/ Stamp: | | | | |
| Name: | Date: | Principal (| Principal Occupants: | | | |
| Signature/ Stamp: | | Name: | | Ext. | Date: | |
| Name: | Date: | Name: | | Ext. | Date: | |
| Signature/ Stamp: | | Name: | Approval to Proceed: | Ext. | Date: | |
| Name: Signature/ Stamp: | Date: | APPROVED By Dara Gomez at 2:16 pm, Aug 18, 2017 | | | | |
| Notes: | | | | | | |