



Western UNIVERSITY • CANADA

# 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 | <input type="text" value="Jan 21, 2014"/> | Time(s): | <input type="text" value="10:00am - 2:00pm"/> |
|------------------------------|---|----------|---|

|                       |   |                         |
|-----------------------|---|-------------------------|
| Building(s) Affected: | #1 <input type="text" value="Saugeen-Maitland Hall Residence"/> | #2 <input type="text"/> |
|                       | #3 <input type="text"/>   | #4 <input type="text"/> |

Areas/Rooms Affected Alternate Route/Service:

|                            |  |                         |
|----------------------------|--|-------------------------|
| Service to be interrupted: | #1 <input type="text" value="Domestic Hot Water"/> | #2 <input type="text"/> |
|                            | #3 <input type="text"/>                            | #4 <input type="text"/> |

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="Carmen Bertone"/> | Date: <input type="text"/> | Name: <input type="text" value="Mary Stiles"/> | Date: <input type="text"/> |
|---|----------------------------|--|----------------------------|

|                  |                  |                 |
|------------------|------------------|-----------------|
| Signature/Stamp: | Signature/Stamp: | <b>APPROVED</b> |
|------------------|------------------|-----------------|

|                                       |                            |                            |                            |
|---------------------------------------|----------------------------|----------------------------|----------------------------|
| Reviewed by:                          | Principal Occupants:       |                            |                            |
| Name: <input type="text"/>            | Name: <input type="text"/> | Ext.: <input type="text"/> | Date: <input type="text"/> |
| Date: <input type="text"/>            | Name: <input type="text"/> | Ext.: <input type="text"/> | Date: <input type="text"/> |
| Signature/Stamp: <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"/> |

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

|                      |  |
|----------------------|--|
| <input type="text"/> | <b>APPROVED</b><br>By Joe Arbique (jarbique@uwo.ca) at 9:39 am, Jan 16, 2014 |
|----------------------|--|

Notes: