

## Notice of Project Western University Facilities Management Client Services 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail
Print Form

Project Number: Miniature Attach	Date/Schedule: WEEK OF SEPT 12TH
Project Name: SSB 6191 Installation of New Bottle Fill Station	Time: 7:00am- 4:00pm
Building(s) #1 Support Services Building (SSB)	#2
Affected:	#2
#3	#4
Areas/Rooms Affected, Alternate Route/Service:	
6191. TA. 613 and TA. 514. (Drain to be run to 5th floor as per attack	ed drawings.).
Service to be #1 Construction Noise	#2 Core Drilling
interrupted:	
#3	#4
Description/Reason for Project:	
NEW FOUNTAIN BOTTLE FILLER REQUEST	
Project Manager/ Co-ordinator:	Phone # Cell # +1 (519) 521-3519
	Client Contact: Phone #
Signature/ Stamp:	onent contact.
Stamp.	Designer Consultant:
Contractor:	Cell#
Emergency Phone List: (to CCPS Only)  Attacl	ed
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