



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:

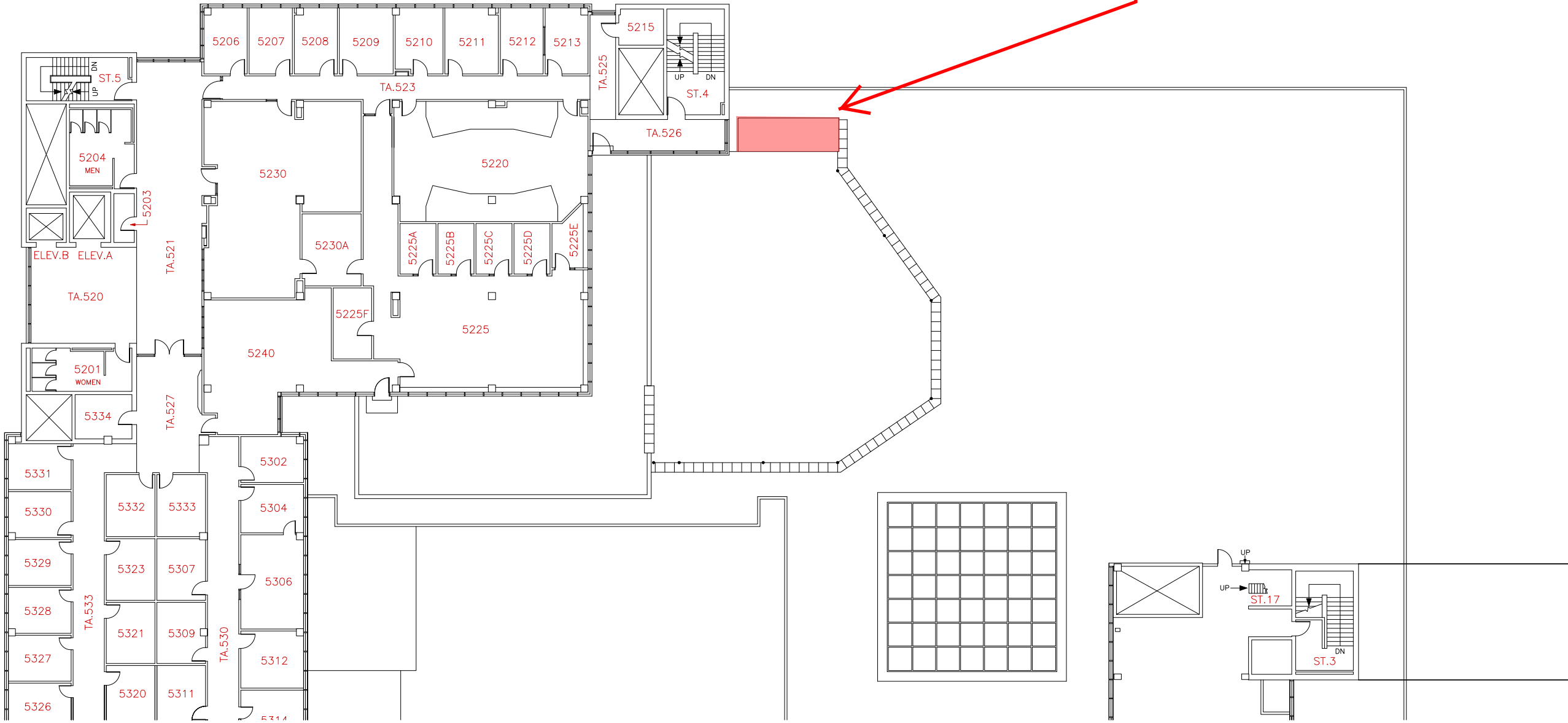
Contractor: Phone #:
 Coordinator/Project Manager: Phone #: Date:

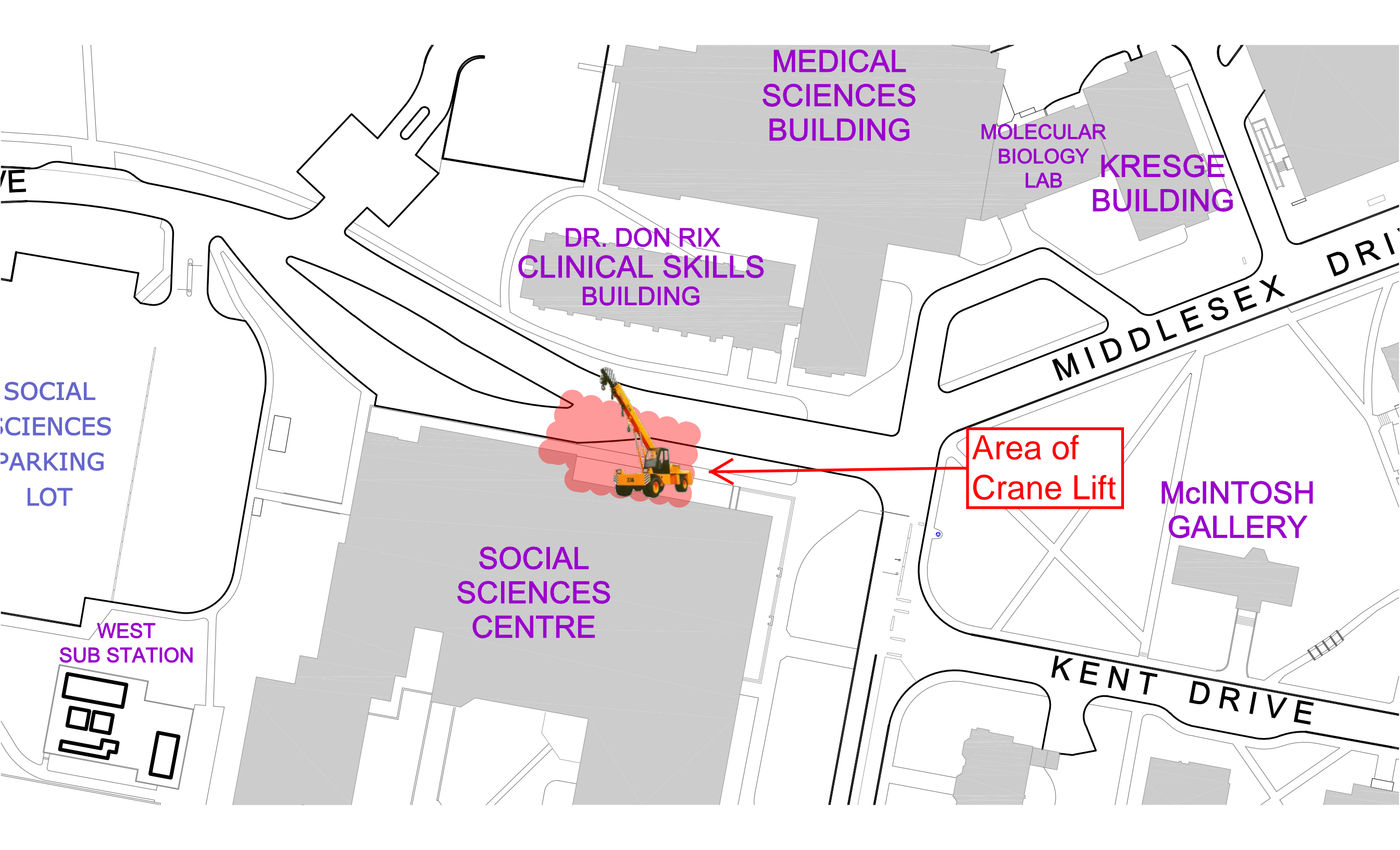
Reviewed by Trade Supervisor(s)/Shop(s) Affected:

Name: <input type="text" value="Ted Chelchowski"/>	Date: <input type="text" value="Jul 22, 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"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Approval to Proceed: <input type="text"/>	
Signature/Stamp: <input type="text"/>		<div style="border: 2px solid green; padding: 5px; text-align: center;"> APPROVED <i>By Dan Trudgeon at 11:22 am, Jul 22, 2015</i> </div>	
Name: <input type="text"/>	Date: <input type="text"/>		

Notes:

Shed to be Removed





MEDICAL
SCIENCES
BUILDING

MOLECULAR
BIOLOGY
LAB

KRESGE
BUILDING

DR. DON RIX
CLINICAL SKILLS
BUILDING

MIDDLESEX DRIVE

SOCIAL
SCIENCES
PARKING
LOT

Area of
Crane Lift

McINTOSH
GALLERY

SOCIAL
SCIENCES
CENTRE

WEST
SUB STATION

KENT DRIVE