



**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 Manager:  Unit:  Date:

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

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

|  |                            |   |   |
|--|----------------------------|---|---|
| Name: <input type="text" value="Electrical Shop"/> | Date: <input type="text"/> | Name: <input type="text"/>                      | Date: <input type="text"/>              |
| Signature/Stamp:                                   |                            | Signature/Stamp:                                |   |
| Name: <input type="text" value="Fire Safety"/>     | Date: <input type="text"/> | Principal Occupants:                            |   |
| Signature/Stamp: <input type="text"/>              |                            | Name: <input type="text" value="Wendy Palmer"/> | Ext. <input type="text" value="84957"/> |
| 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"/>              |                            | Approval to Proceed: <input type="text"/>       |   |
| Name: <input type="text"/>                         | Date: <input type="text"/> |   |   |
| Signature/Stamp: <input type="text"/>              |                            |   |   |

Notes: