



**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="Monday October 30th 2017"/>	Time(s): <input type="text" value="7:00 AM --- 9:00 AM"/>
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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="Plumber / Fitter Shop"/> Date: <input type="text" value="Oct 25, 2017"/>	Name: <input type="text" value="WES Control"/> Date: <input type="text" value="Oct 25, 2017"/>	
Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Dan Gyetvai (dgyetvai@uwo.ca) at 2:08 pm, Oct 25, 2017</small>	Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Jesse Atkinson (jatkin48@uwo.ca) at 2:21 pm, Oct 25, 2017</small>	
Name: <input type="text"/> Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: <input type="text"/>		Name: <input type="text" value="Wendy Palmer"/> Ext. <input type="text" value="84957"/> Date: <input type="text" value="Oct 24, 2017"/>
Name: <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"/> Date: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>	APPROVED <small>By Dan Trudgeon (dtrudgeon@uwo.ca) at 2:30 pm, Oct 25, 2017</small>	

Notes: