



**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="Fire Safety"/>                                                       | Date: <input type="text"/> | 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;"> <b>APPROVED</b><br/> <i>By Dan Trudgeon at 3:32 pm, Jan 12, 2016</i> </div> |                            |
| Name: <input type="text"/>                                                                           | Date: <input type="text"/> |                                                                                                                                                      |                            |

Notes: