



Notice of Service Interruption/Area Closure
The University of Western Ontario
Facilities Management
Service Centre 519-661-3304 (ppdhelp@uwo.ca)

[Submit by Email](#)

[Print Form](#)

Date of Interruption/Closure: <input type="text" value="May 1 - August 15, 2014"/>	Time(s): <input type="text" value="7:00 am May 1 - 7:00 am August 15, 2014"/>
--	---

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="Electrical Shop"/>	Date: <input type="text"/>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text"/>
--	----------------------------	--	----------------------------

Signature/Stamp: REVIEWED <small>By Mark (mwidmey@uwo.ca) at 7:44 am, Apr 29, 2014</small>	Signature/Stamp: REVIEWED <small>By Frank (ffaroni@uwo.ca) at 8:10 am, Apr 29, 2014</small>
--	---

Reviewed by: Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/>	Principal Occupants: <table border="1" style="width:100%"> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> </table>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>											
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>											
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>											
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>											

Approval to Proceed: Date: Approval to Proceed: Date:

APPROVED

By Andrew (amerucci@uwo.ca) at 9:18 am, Apr 29, 2014

Notes: