



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="Aug 11 - 29, 2014"/>	Time(s): <input type="text" value="7:00 am - 5:00 pm"/>
--	---

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="Aug 8, 2014"/>	Name: <input type="text"/> Date: <input type="text"/>
Signature/Stamp:	Signature/Stamp: <input type="text"/>
Name: <input type="text" value="Housing"/> Date: <input type="text"/>	Principal Occupants:
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"/>	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"/>	Name: <input type="text"/> Ext. <input type="text"/> Date: <input type="text"/>
Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/>
Name: <input type="text"/> Date: <input type="text"/>	APPROVED By Dan Trudgeon at 2:31 pm, Aug 08, 2014
Signature/Stamp: <input type="text"/>	

Notes:

UNIVERSITY DR

Staging area for east roof repair.

MEDWAY HALL

SYDENHAM HALL

