



Western UNIVERSITY • CANADA

# Notice of Service Interruption/Area Closure Western University Facilities Management

Service Centre 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail

Print Form

Date of Interruption/Closure	<input type="text" value="May 27, 2014"/>	Time(s):	<input type="text" value="10:00 am -2:00 pm"/>
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Building(s) Affected:	#1 <input type="text" value="Sydenham Hall Residence"/>	#2 <input type="text"/>
	#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:

Service to be interrupted:	#1 <input type="text" value="Kitchen hoods"/>	#2 <input type="text"/>
	#3 <input type="text"/>	#4 <input type="text"/>

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 Mechanical Shop"/>	Date: <input type="text" value="May 26, 2014"/>	Name: <input type="text"/>	Date: <input type="text"/>
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Signature/Stamp: <input type="text"/>	Signature/Stamp: <input type="text"/>
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Reviewed by:	Principal Occupants:		
Name: <input type="text"/>	Name: <input type="text"/>	Ext.: <input type="text"/>	Date: <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"/>	Ext.: <input type="text"/>	Date: <input type="text"/>

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

**APPROVED** By Andrew at 7:19 am, May 27, 2014

Notes: