



**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="6/16/14 - 6/27/14"/>	Time(s): <input type="text" value="6:00am - 4:00pm"/>
--	---

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"/>	Date: <input type="text"/>	Name: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: <input style="width:150px; height:30px" type="text"/>		Signature/Stamp: <input style="width:150px; height:30px" type="text"/>	

Reviewed by: Name: <input type="text" value="Jeff Jones"/> Date: <input type="text" value="Jun 3, 2014"/>	Principal Occupants:
Signature/Stamp: <input style="width:350px; height:40px" type="text" value="Jeff Jones"/>	Name: <input type="text" value="Frank Erle"/> 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 at 10:28 am, Jun 04, 2014

Notes:

Western Road

THOMPSON  
RECREATION  
& ATHLETIC  
CENTRE  
(TRAC)

CRANE LIFT

WESTERN STUDENT  
RECREATION  
CENTRE

PHILLIP AZIZ AVE.

HURON FLATS  
PARKING LOT

