



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="Sep 25, 2014"/> | Time(s): | <input type="text" value="12 noon -4pm"/> |
|------------------------------|---|----------|---|

Building(s) Affected:

|    |   |    |                      |
|----|---|----|----------------------|
| #1 | <input type="text" value="Thompson Engineering"/> | #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="Corridor Narrowing"/> | #2 | <input type="text" value="Noise"/> |
| #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:                | Date:                | Name:                | Date:                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature/Stamp:     | <input type="text"/> | Signature/Stamp:     | <input type="text"/> |

|              |                      |                      |                      |                      |                      |
|--------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Reviewed by: | Name:                | Date:                | Principal Occupants: |                      |                      |
|              | <input type="text"/> | <input type="text"/> | Name:                | Ext.:                | Date:                |
|              | Signature/Stamp:     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|              | <input type="text"/> | <input type="text"/> | Name:                | Ext.:                | Date:                |
|              |                      |                      | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Approval to Proceed: | Date:                | Approval to Proceed: | Date:                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Notes:

Area of work & corridor narrowing.

