



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: Time(s):

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="Plumber / Fitter Shop"/>	Date: <input type="text" value="Apr 15, 2015"/>	Name: <input type="text" value="WES Control"/>	Date: <input type="text" value="Apr 15, 2015"/>
Signature/Stamp: <input type="text" value="P. Dearing"/>	<input checked="" type="checkbox"/>	Signature/Stamp: <input type="text" value="REVIEWED"/>	<input type="text" value="By Wayne Drummond (ppdwad@uwo.ca) at 7:15 am, Apr 15, 2015"/>
Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>	Date: <input type="text"/>	Approval to Proceed: <input type="text"/>	
Name: <input type="text"/>	Date: <input type="text"/>	APPROVED	
Signature/Stamp: <input type="text"/>	Date: <input type="text"/>	<input type="text" value="By Dan Trudgeon (fminterr@uwo.ca) at 3:09 pm, Apr 15, 2015"/>	

Notes: