



**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:  
 All washrooms and food service sinks & office area kitchenette sinks.  
 Alternate washrooms located in Natural Sciences

Service to be interrupted: #1  #2   
 #3  #4

Description/Reason for Project:  
 relocation / rerouting of old sanitary drain pipe in the north chiller plant.

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="Feb 12, 2015"/>	Name: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: 		Signature/Stamp: <input type="text"/>	
Name: <input type="text"/>	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"/>		
Signature/Stamp: <input type="text"/>		By Dan Trudgeon (fminterr@uwo.ca) at 8:16 am, Feb 13, 2015	

Notes: