



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:
 Normal power to tennis bubble, emergency power will NOT be affected.

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



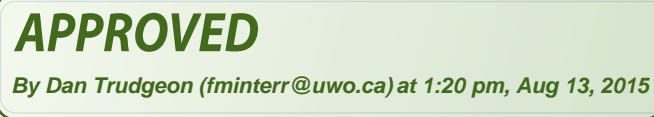
Description/Reason for Project:
 Power to transformer feeding the normal power to tennis bubble to be turned off to adjust location of transformer on existing concrete pad.

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 Shop"/> Date: <input type="text" value="Aug 13, 2015"/>		Name: <input type="text" value="Fire Safety"/> Date: <input type="text" value="Aug 13, 2015"/>	
Signature/Stamp: 		Signature/Stamp: 	
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"/>		Approval to Proceed: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>			
Name: <input type="text"/> Date: <input type="text"/>			

Notes: