



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="Electrical Shop"/>	Date: <input type="text" value="Aug 11, 2015"/>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text" value="Aug 11, 2015"/>
Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Doug Johnson (djohnso1@uwo.ca) at 7:53 am, Aug 11, 2015</small>		Signature/Stamp: <input type="text" value="APPROVED"/> <small>By Frank (ffaroni@uwo.ca) at 12:00 pm, Aug 11, 2015</small>	
Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: <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"/>		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"/>		Approval to Proceed: <input type="text"/>	
Name: <input type="text"/>	Date: <input type="text"/>	<input type="text" value="APPROVED"/> <small>By Dan Trudgeon (fminterr@uwo.ca) at 2:41 pm, Aug 11, 2015</small>	

Notes: