



**Notice of Project  
Western University  
Facilities Management  
Client Services 519-661-3304 (fmhelp@uwo.ca)**

Submit by E-mail

Print Form

Project Number:   Miniature Attached Date/Schedule:   
 Project Name:  Time:

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:

Project Manager/Co-ordinator:  Phone #  Cell #   
 Signature/Stamp:  Client Contact:  Phone #   
 Designer Consultant:

Contractor:  Cell #

Emergency Phone List: (to CCPS Only)  Attached  To Follow

Special Conditions ( Noise, Odors, Asbestos, Etc.)

Asbestos  Type 3  Type 2  Type 1  Contractor  In House Team  Other  
 Information Sheet Sent To Client

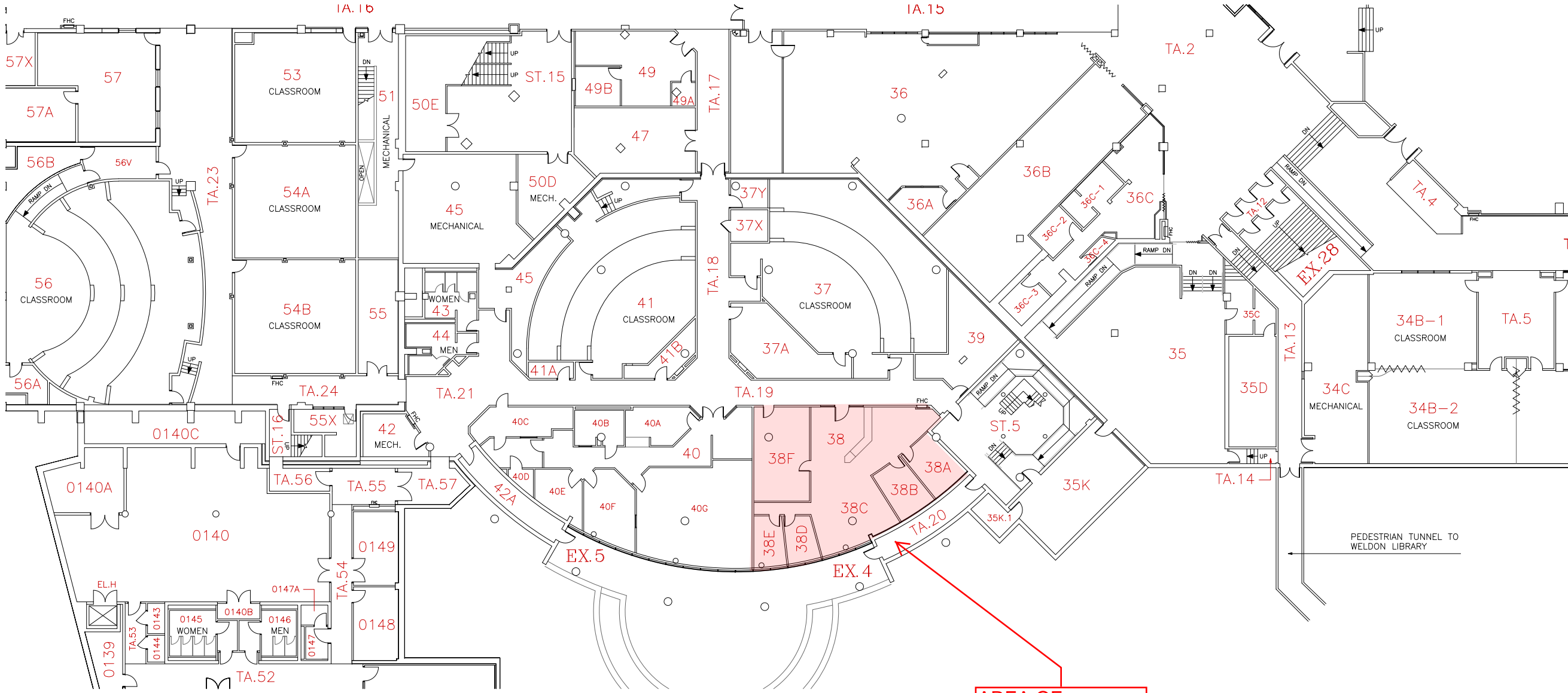
Comments:

Shutdowns/Interruptions(Approximate Schedule):  
 Electrical Power  Date: \_\_\_\_\_ Elevators  Date: \_\_\_\_\_ ITS  Date: \_\_\_\_\_  
 Domestic Water  Date: \_\_\_\_\_ Fire Alarms  Date: \_\_\_\_\_ Other  Date: \_\_\_\_\_  
 Steam  Date: \_\_\_\_\_ Chilled Water  Date: \_\_\_\_\_  
 Hot Water Heating  Date: \_\_\_\_\_ Roads / Lots  Date: \_\_\_\_\_

Issued By:  Date:

Signature/Stamp:  Date:

Note:



AREA OF RENOVATIONS