




**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 Manager:  Unit:  Date:

Contractor:  Phone #:

Coordinator/Project Manager:  Phone #:  Date:

**Reviewed by Trade Manager(s)/Shop(s) Affected:**

|  |                            |  |   |
|--|----------------------------|--|---|
| Name: <input type="text" value="Plumber / Fitter Shop"/> | Date: <input type="text"/> | Name: <input type="text" value="WES Control"/> | Date: <input type="text" value="Oct 31, 2016"/> |
|--|----------------------------|--|---|

|   |  |
|---|--|
| Signature/Stamp: <input type="text" value="P Dearing"/> | Signature/Stamp: <input type="text" value="REVIEWED"/> |
|---|--|

**Principal Occupants:**

|                            |                           |                            |
|----------------------------|---------------------------|----------------------------|
| Name: <input type="text"/> | Ext. <input type="text"/> | Date: <input type="text"/> |
| Name: <input type="text"/> | Ext. <input type="text"/> | Date: <input type="text"/> |
| Name: <input type="text"/> | Ext. <input type="text"/> | Date: <input type="text"/> |
| Name: <input type="text"/> | Ext. <input type="text"/> | Date: <input type="text"/> |

Approval to Proceed:  Date:

**APPROVED**  
By Dan Trudgeon (dtrudgeo@uwo.ca) at 1:36 pm, Oct 31, 2016

Notes: