



Western UNIVERSITY • CANADA

Notice of Service Interruption/Area Closure  
Western University  
Facilities Management

Service Centre 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail

Print Form

Date of Interruption/Closure: <input type="text" value="May 29, 2014"/>	Time(s): <input type="text" value="7:30 am - 4:00pm"/>
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Building(s) Affected: #1 <input type="text" value="University Community Centre"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:

Service to be interrupted: #1 <input type="text" value="Fire Alarm"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

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="May 27, 2014"/>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text"/>
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Signature/Stamp: 	Signature/Stamp: 
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Reviewed by: 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"/> 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:  Approval to Proceed:  Date:

**APPROVED**  
 By Andrew (amerucci@uwo.ca) at 4:37 pm, May 28, 2014

Notes: