



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: <input type="text" value="August 8 2017"/>	Time(s): <input type="text" value="7:00am - 4:30pm"/>
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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="Ted Chelchowski"/> Date: <input type="text" value="Aug 1, 2017"/>	Name: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp:	Signature/Stamp: <input type="text"/>	
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"/>	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/>	
Name: <input type="text"/> Date: <input type="text"/>	<div style="border: 2px solid green; border-radius: 15px; padding: 10px; display: inline-block;"> <p>APPROVED By Dara Gomez at 11:01 am, Aug 01, 2017</p> </div>	
Signature/Stamp: <input type="text"/>		

Notes: