



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="Electrical / Mechanical Shop"/>	Date: <input type="text" value="Sep 9, 2016"/>	Name: <input type="text" value="WES Control"/>	Date: <input type="text" value="Sep 9, 2016"/>
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Signature/Stamp:	Signature/Stamp: REVIEWED <small>By Jesse Atkinson (jatkin48@uwo.ca) at 10:20 am, Sep 09, 2016</small>
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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"/>	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"/>	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"/>	

Approval to Proceed: Date:

APPROVED
 By Dan Trudgeon (dtrudgeo@uwo.ca) at 8:41 am, Sep 13, 2016

Notes: