



**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 work

