



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" value="Aug 9, 2017"/>	Name: <input type="text" value="WES Control"/>	Date: <input type="text" value="Aug 9, 2017"/>
Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Peter Dearing (pdearing@uwo.ca) at 1:25 pm, Aug 09, 2017</small>		Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Wayne Drummond (ppdwad@uwo.ca) at 2:15 pm, Aug 09, 2017</small>	
Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Approval to Proceed: <input type="text"/>	
Name: <input type="text"/>	Date: <input type="text"/>	<input type="text" value="APPROVED"/> <small>By Dara Gomez (dgomez5@uwo.ca) at 2:58 pm, Aug 09, 2017</small>	
Signature/Stamp: <input type="text"/>			

Notes: