



**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 Supervisor:  Unit:  Date:

Contractor:  Phone #:

Coordinator/Project Manager:  Phone #:  Date:

Reviewed by Trade Supervisor(s)/Shop(s) Affected:

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Name: <input type="text" value="Plumber Fitter Shop"/>  | Date: <input type="text"/>          | Name: <input type="text"/>   | Date: <input type="text"/>                           |
| Signature/Stamp: <input type="text" value="P Dearing"/> | <input checked="" type="checkbox"/> | Signature/Stamp: <input type="text"/>  | <input type="text"/>                                 |
| Name: <input type="text"/>                              | Date: <input type="text"/>          | Principal Occupants:   |  |
| Signature/Stamp: <input type="text"/>                   | <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"/>                   | <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"/>                   | <input type="text"/>                | Approval to Proceed: <input type="text"/>  |  |
| Name: <input type="text"/>                              | Date: <input type="text"/>          | Date: <input type="text"/>   |  |
| Signature/Stamp: <input type="text"/>                   | <input type="text"/>                | <div style="border: 2px solid green; padding: 5px; text-align: center;"> <b style="font-size: 1.2em; color: green;">APPROVED</b><br/>           By Andrew (fmfinterr@uwo.ca) at 7:18 am, Jun 18, 2015         </div> |  |
| Name: <input type="text"/>                              | Date: <input type="text"/>          |  |  |

Notes: