



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:
 Elevator 1 (larger elevator).
 Alternate is Elevator 2 adjacent.

Service to be interrupted: #1 #2
 #3 #4

Description/Reason for Project:
 Gland packing as part of hydraulic maintenance.

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:	Date:	Name:	Date:
Signature/Stamp:		Signature/Stamp:	
Name:	Date:	Principal Occupants:	
Signature/Stamp:		Name:	Ext. Date:
Name:	Date:	Name:	Ext. Date:
Signature/Stamp:		Name:	Ext. Date:
Name:	Date:	Name:	Ext. Date:
Signature/Stamp:		Approval to Proceed: <input type="checkbox"/> Date: <input type="text"/>	
Name:	Date:	<div style="border: 2px solid green; padding: 5px; text-align: center;"> APPROVED <i>By Dan Trudgeon at 2:36 pm, Oct 07, 2016</i> </div>	
Signature/Stamp:			

Notes: