



**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" value="Aug 6, 2015"/>	Name: <input type="text" value="WES Control"/>	Date: <input type="text" value="Aug 6, 2015"/>
--	--	--	--

Signature/Stamp: **REVIEWED**  
By Dan Gyetvai (dgyetvai@uwo.ca) at 1:45 pm, Aug 06, 2015

Signature/Stamp: **REVIEWED**  
By Wayne Drummond (ppdwad@uwo.ca) at 11:37 am, Aug 06, 2015

Name:  Date:

**Principal Occupants:**

Signature/Stamp:

Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
----------------------------	---------------------------	----------------------------

Name:  Date:

Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
----------------------------	---------------------------	----------------------------

Signature/Stamp:

Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
----------------------------	---------------------------	----------------------------

Name:  Date:

Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
----------------------------	---------------------------	----------------------------

Signature/Stamp:

Approval to Proceed:

**APPROVED**  
By Dan Trudgeon (fminterr@uwo.ca) at 9:45 am, Aug 13, 2015

Notes: