University of Windsor

NOTICE OF SERVICE INTERRUPTION/WORK FORM

Date of Request (yyyy/mm/dd):   **Requester**: _____

_____   **Start Date – End**

Start Date (yyyy/mm/dd) _____ Time (s) _____

End Date (yyyy/mm/dd) _____ Time (s) _____

Notes _____

_____

Building(s) Affected: **1:** _____   **2:** _____

3: _____   **4:** _____

Areas/Rooms Affected: _____

Service to be interrupted: **1:** _____   **2:** _____

3: _____   **4:** _____

Description/Reason for Project:

Contractor: _____   **Phone #:** _____

Contractor/Project Managers: _____   **Phone #:** _____

Should you have any questions or concerns, please contact

Notes: