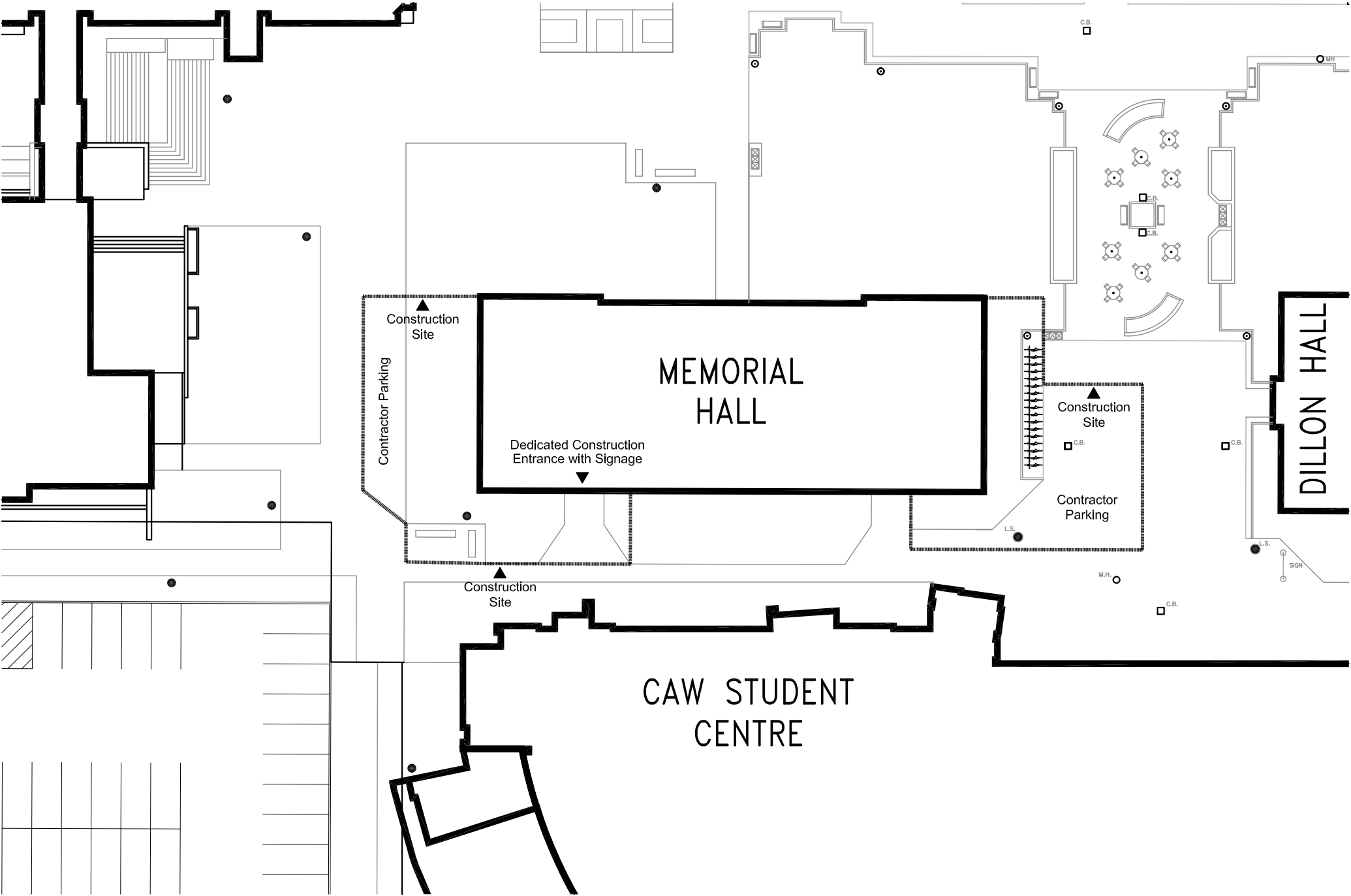


NOTICE OF SERVICE INTERRUPTION/WORK FORM

Date of Request (yyyy/mm/dd): _____		Requester: _____	
Start Date – End			
Start Date (yyyy/mm/dd) _____ Time (s) _____		Notes _____	
End Date (yyyy/mm/dd) _____ Time (s) _____		_____	
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:			



MEMORIAL HALL

DILLON HALL

CAW STUDENT CENTRE

Construction Site

Construction Site

Construction Site

Contractor Parking

Contractor Parking

Dedicated Construction Entrance with Signage

M.H.

L.S.

SIGN

L.S.

C.B.

C.B.

M.H.

C.B.

C.B.

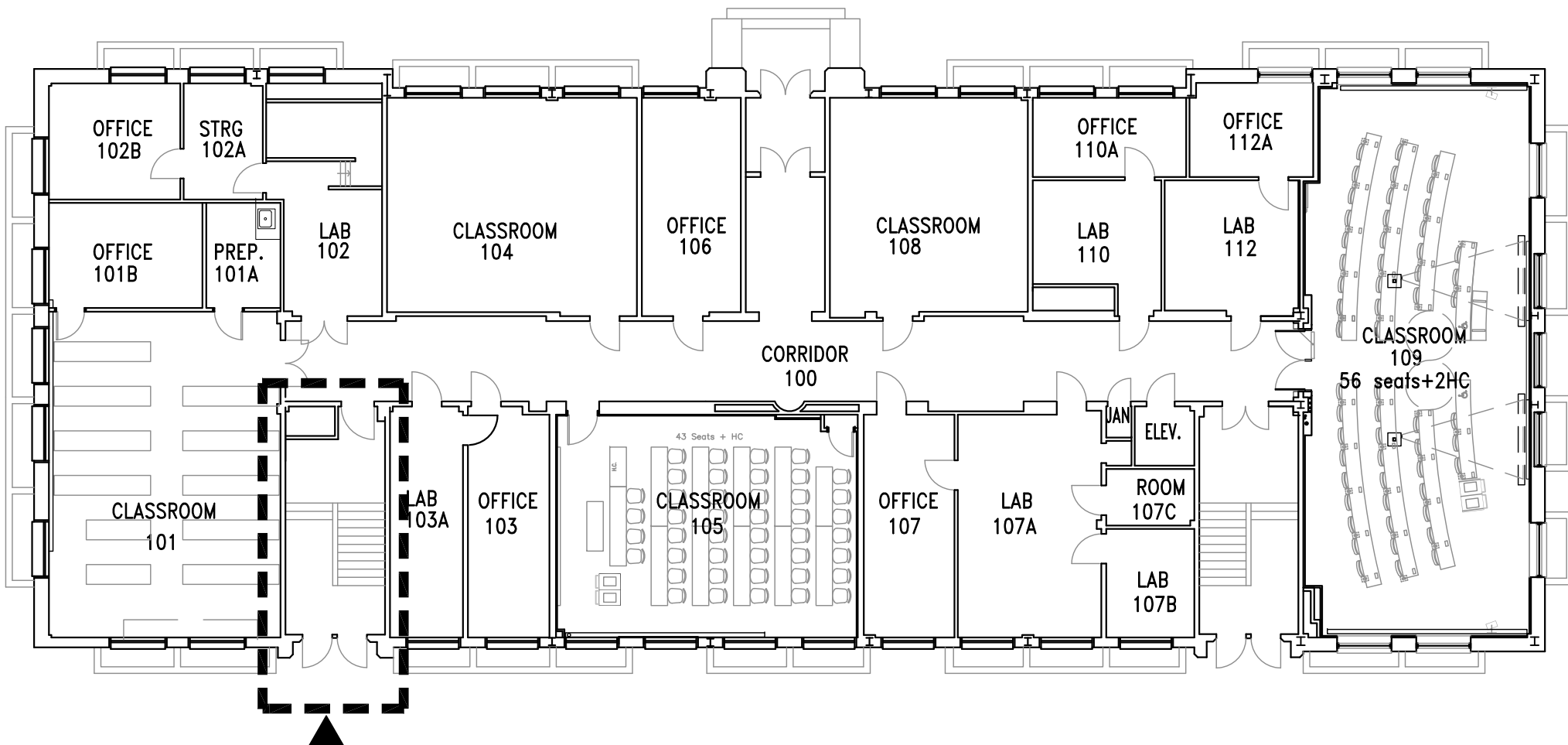
C.B.

C.B.

L.S.

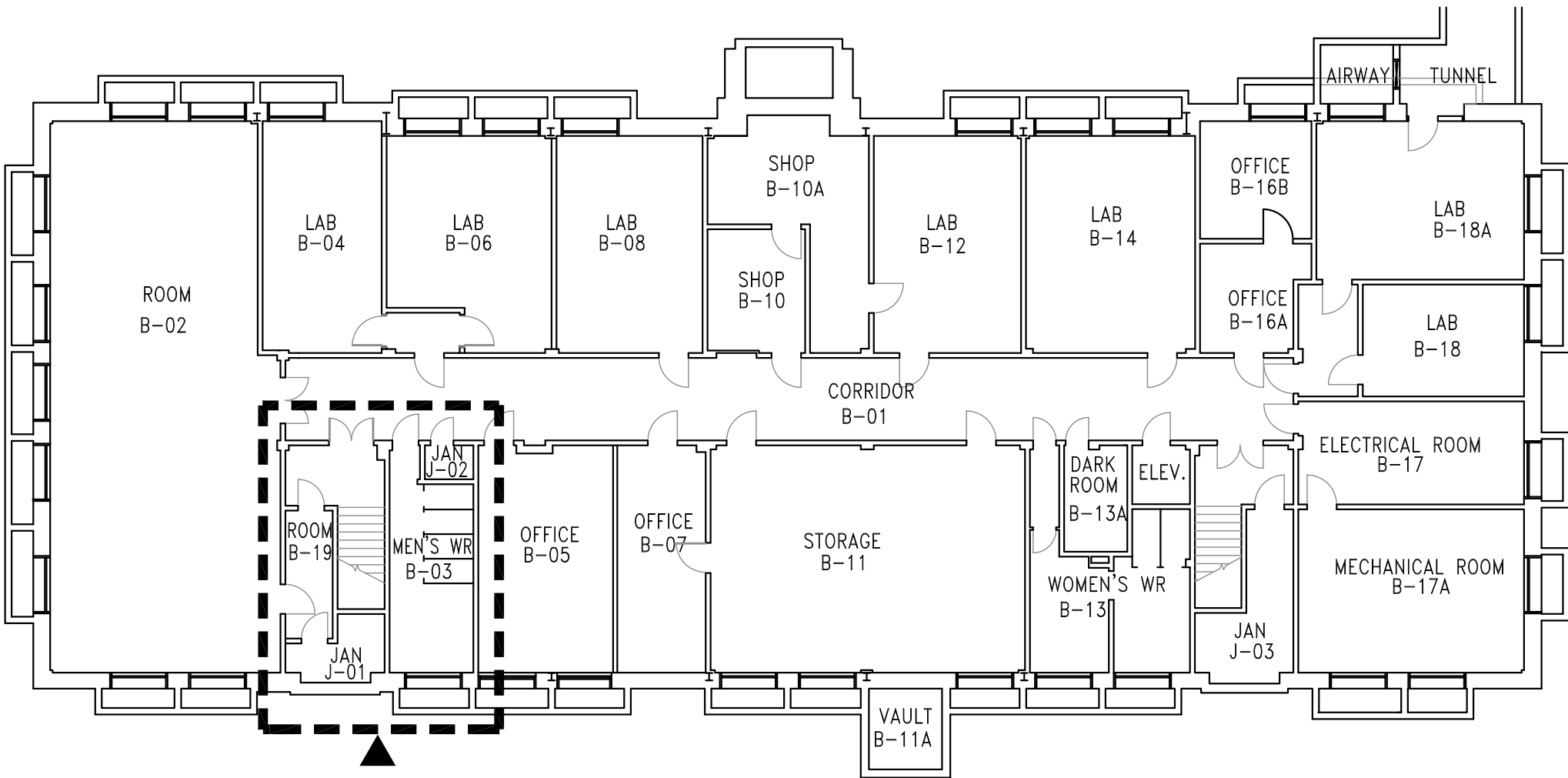
L.S.

SIGN



Dedicated Construction
Stairwell & Entrance
with Signage

Memorial Hall
First Floor Plan



**Dedicated Contractor
Washroom B03
with Signage**

**Memorial Hall
Basement Plan**