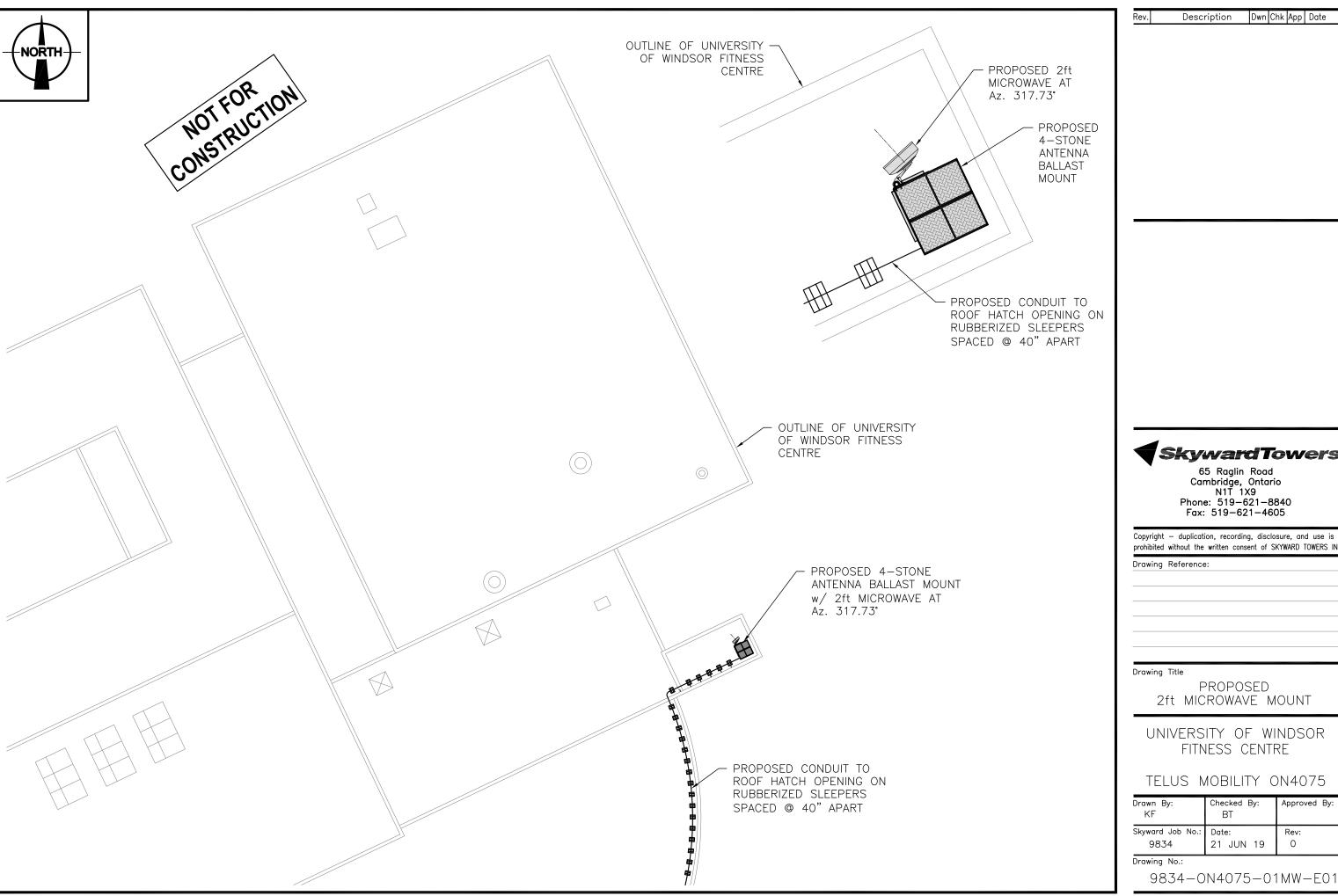


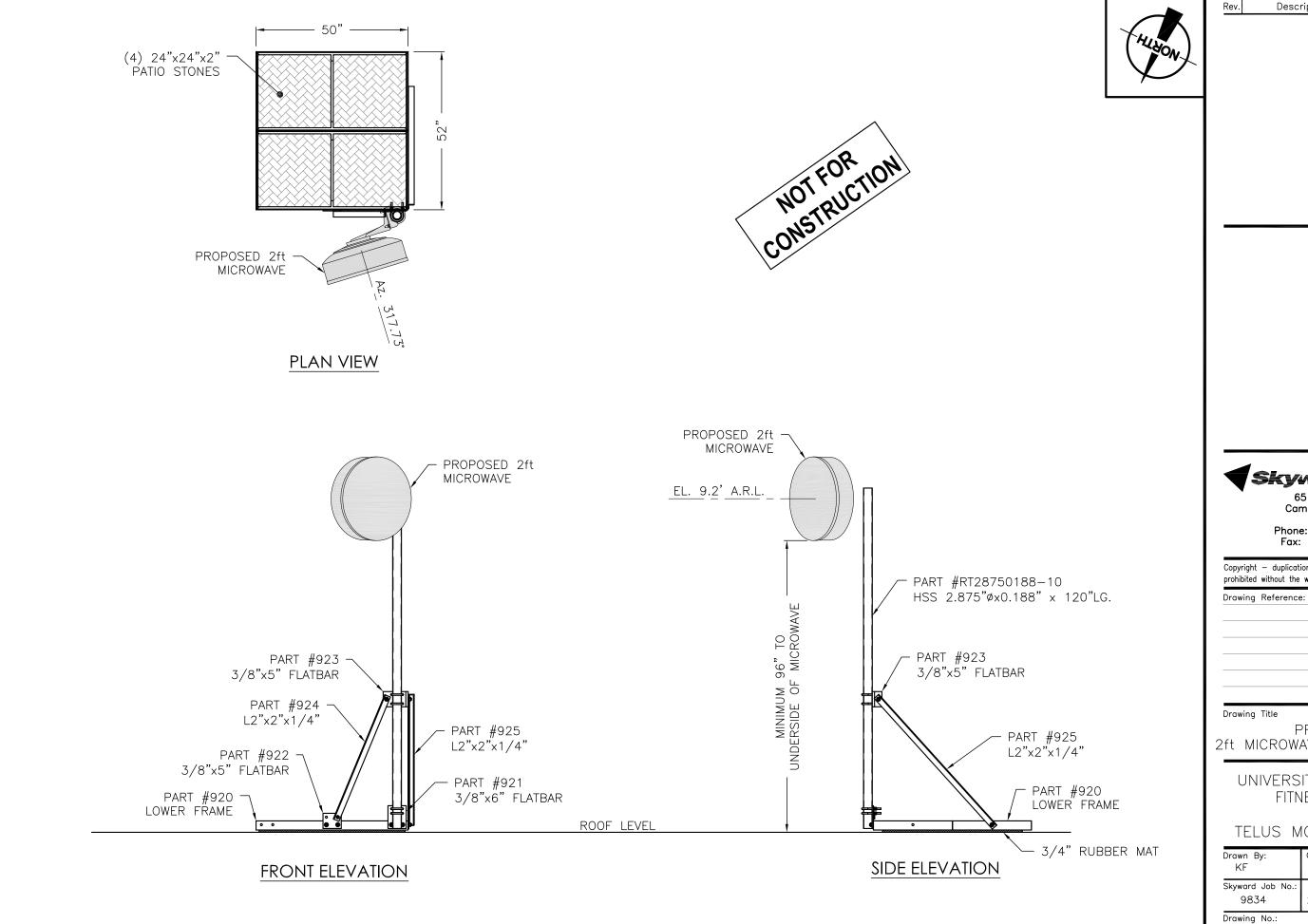
## NOTICE OF SERVICE INTERRUPTION/WORK FORM

Start Date – End	ter:
Start Date = Elid  Start Date (yyyy/mm/dd) Time (s) End Date (yyyy/mm/dd) Time (s)	
Building(s) 1:	
Service to be 1:	
Contractor:Contractor/Project Managers:	Phone #:
Should you have any questions or concerns, please contact	
Should you have any questions or concerns, please contact  Notes:	



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Pho	ambridge, Ontar N1T 1X9 ne: 519-621-8 k: 519-621-46	840
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Drawing Referen	ce:	
Drawing Title	PROPOSED CROWAVE M	10UNT
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Drawn By: KF	Checked By: BT	Approved By:
Skyward Job No. 9834	: Date: 21 JUN 19	Rev: O

Dwn Chk App Date



Rev.	Description	Dwn	Chk	Арр	Date



65 Raglin Road Cambridge, Ontario N1T 1X9 Phone: 519-621-8840 Fax: 519-621-4605

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Drawing Title

PROPOSED 2ft MICROWAVE BALLAST MOUNT

UNIVERSITY OF WINDSOR FITNESS CENTRE

TELUS MOBILITY, ON4075

Drawn By: KF	Checked By: BT	Approved By:
Skyward Job No.:	Date:	Rev:
9834	21 JUN 19	O

Drawing No.:

9834-ON4075-01MW-E02