

## NOTICE OF SERVICE INTERRUPTION/WORK FORM

Date of Request (yyyy/mm/dd): _____		Requester: _____	
<b>Start Date – End</b>			
Start Date (yyyy/mm/dd) _____	Time (s) _____	Notes _____	
End Date (yyyy/mm/dd) _____	Time (s) _____	_____	
<b>Building(s) Affected:</b>	1: _____	2: _____	3: _____
	4: _____	5: _____	6: _____
<b>Areas/Rooms Affected:</b> _____			
<b>Service to be interrupted:</b>	1: _____	2: _____	3: _____
	4: _____	5: _____	6: _____
<b>Description/Reason for Project:</b>			
<b>Contractor:</b> _____		<b>Phone #:</b> _____	
<b>Contractor/Project Managers:</b> _____		<b>Phone #:</b> _____	
Should you have any questions or concerns, please contact			
<b>Notes:</b>			

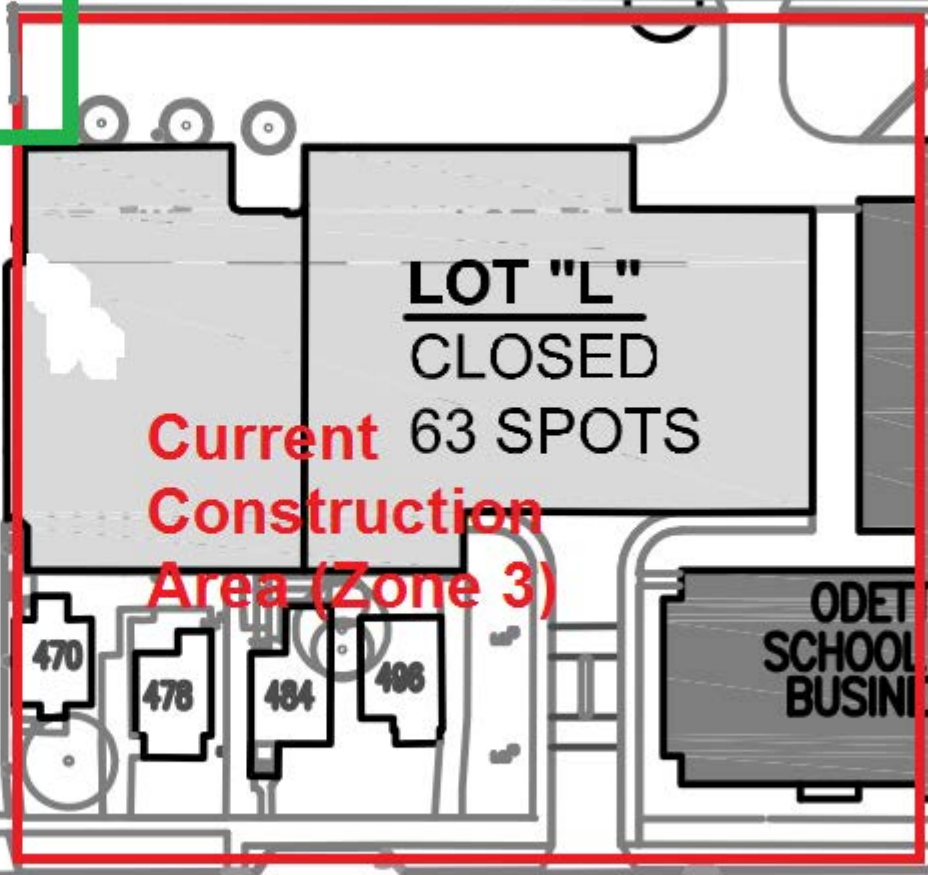
416 430 440 454 466 476 484 488 528 534 544 550

**Temporary/Periodic  
Closure**

CALIFORNIA AVENUE

TOLDO  
HEALTH  
EDUCATION  
CENTRE

MEDICAL  
EDUCATION  
BUILDING



**Current  
Construction  
Area (Zone 3)**

**LOT "L"  
CLOSED  
63 SPOTS**

470 478 484 488

ODETTE  
SCHOOL OF  
BUSINESS

SUNSET AVENUE