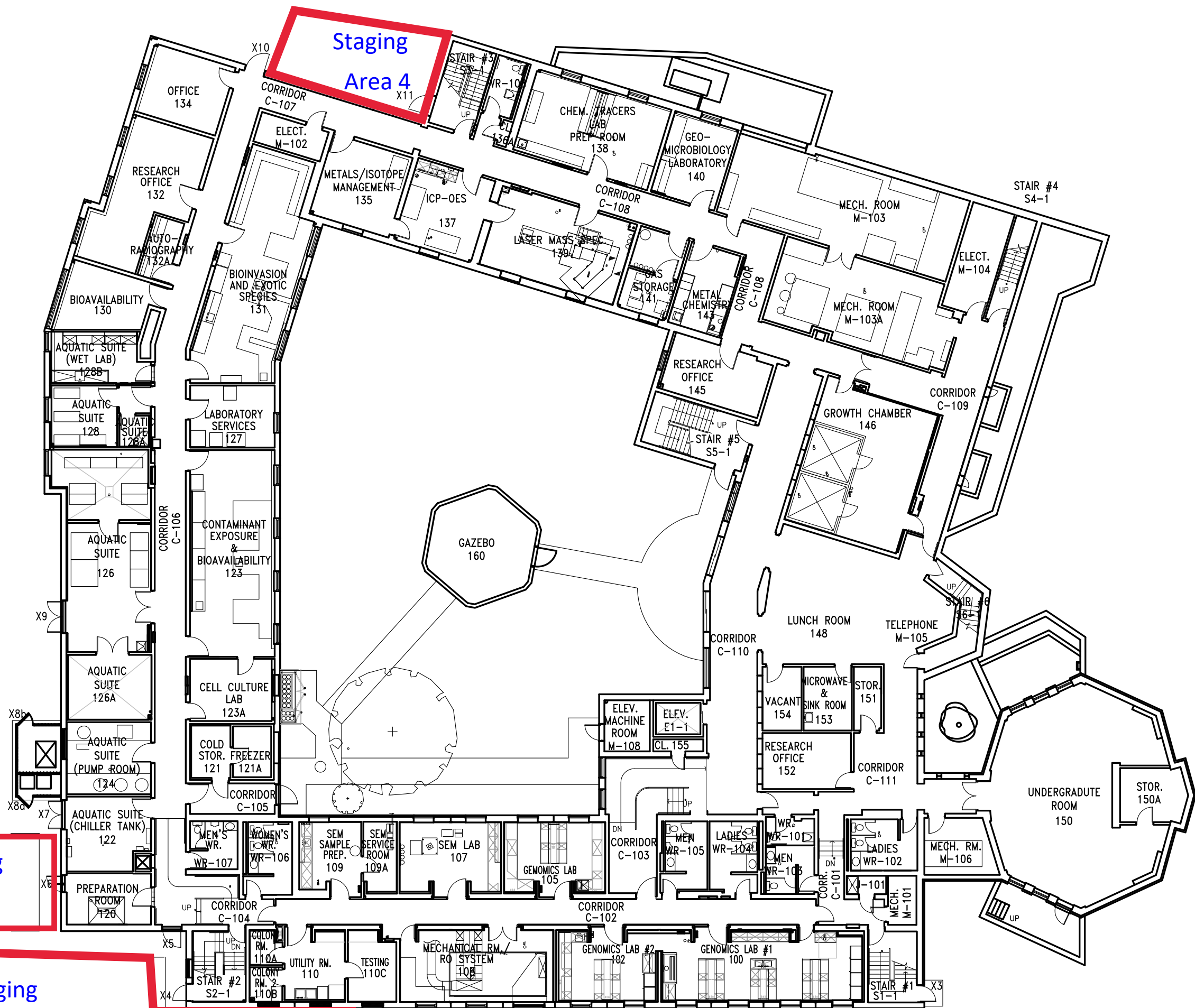
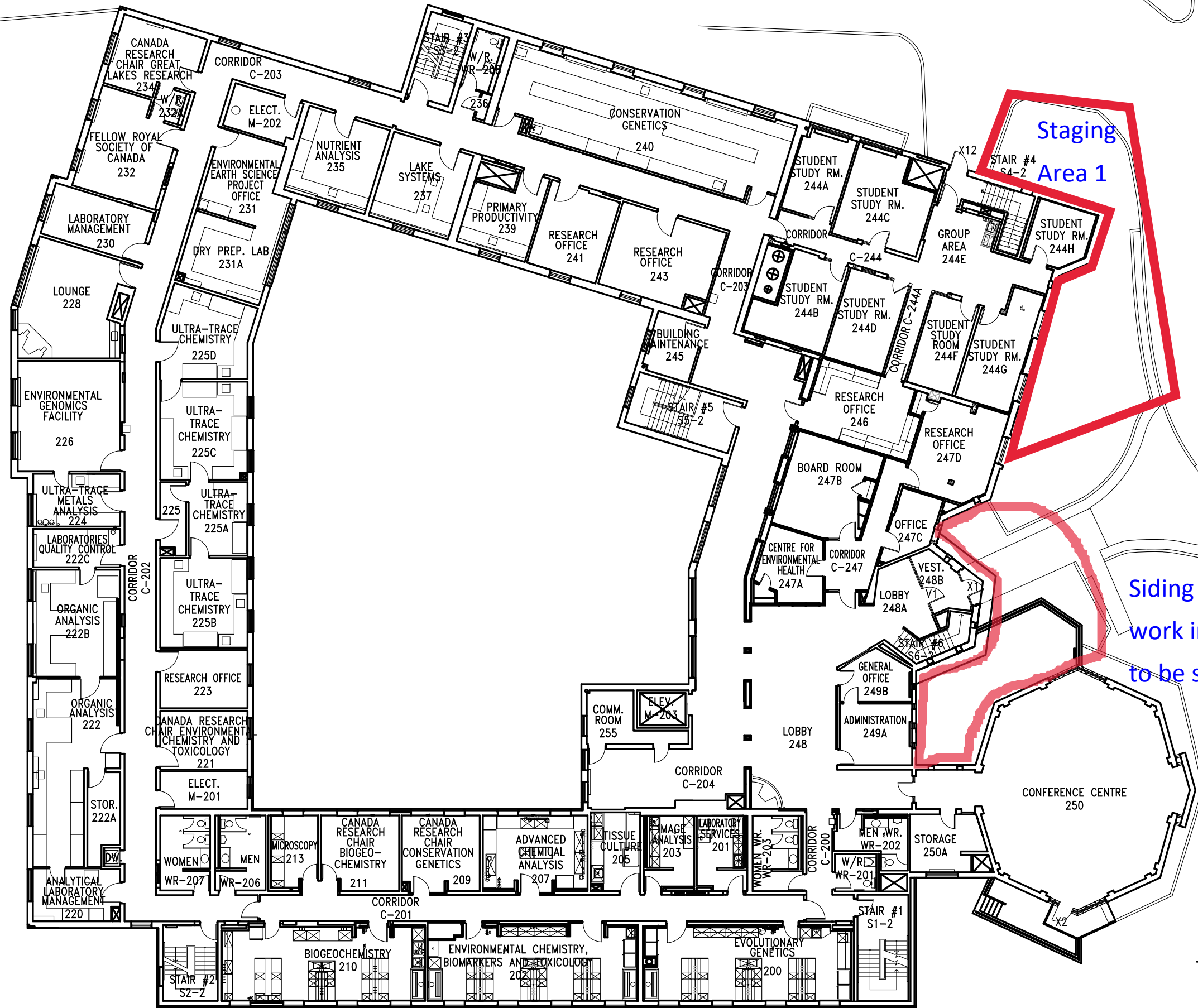


NOTICE OF SERVICE INTERRUPTION/WORK FORM

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:			



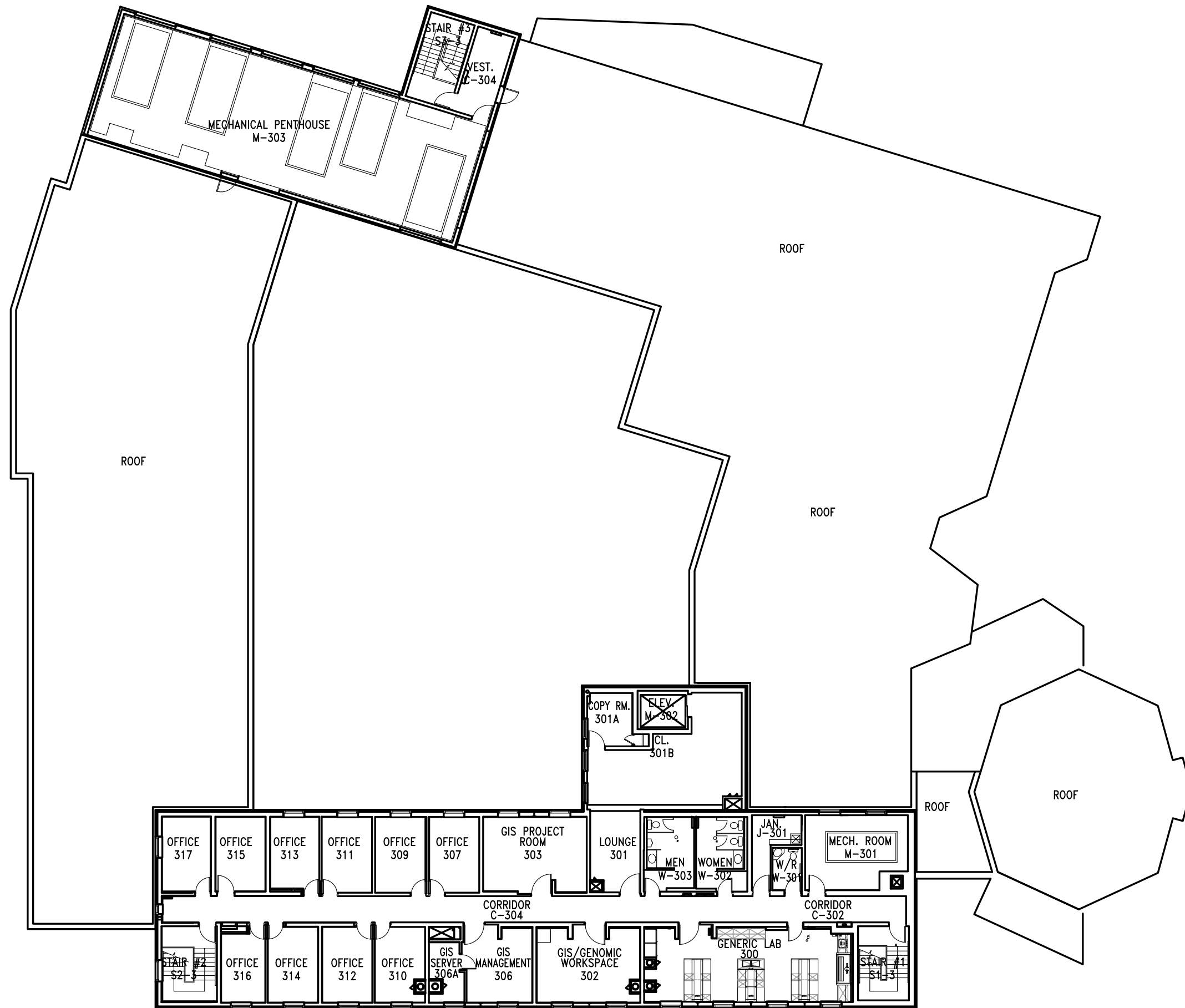


Staging
Area 1

Siding Replacement:
work in this area
to be scheduled with
occupants

2990 RIVERSIDE DRIVE WEST

G.L.I.E.R.
SECOND FLOOR PLAN
SCALE: 1" = 20'-0" UPDATED: JANUARY 2021
(11x17 sheet)




G.L.I.E.R.
THIRD FLOOR PLAN
 SCALE: 1" = 20'-0" UPDATED: SEPTEMBER 2014
 (11x17 sheet)