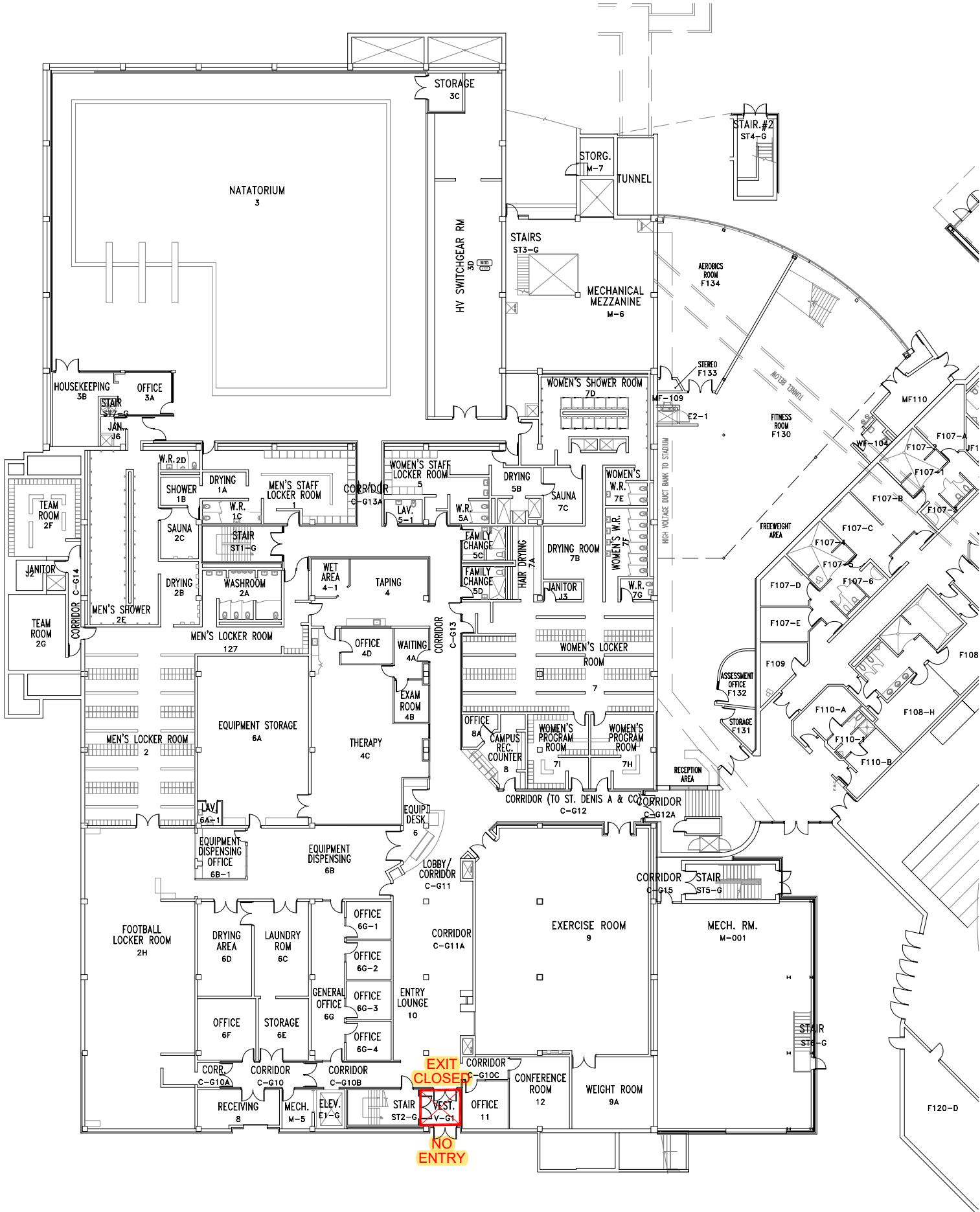


NOTICE OF SERVICE INTERRUPTION/WORK FORM

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:			



**HUMAN KINETICS & PART ST. DENIS ATHLETIC & COMMUNITY CENTRE
BASEMENT FLOOR PLAN**

NOT TO SCALE