
FACILITY AND SITE INTERRUPTION/CLOSURE
(For Facilities Management Internal Use Only)

Please fill out the applicable information below and submit for approval and routing to Work Management.
NOTE: Electronic submit functions of this form require the use of Internet Explorer.

Date: _____ Utility Interruption Facility Closure

Effected Buildings/Areas: _____

Date of Interruption/Closure: _____

Start Time: _____ End Time: _____

Reason for Interruption/Closure: _____

Utility Type/Types: _____

Services Effected:

Alternate Accommodations:

Impact to Persons with Disabilities: Yes No

Contact Person: _____

Signature: _____

Submit electronically via email to Assistant Director with copy to direct Supervisor.

APPROVAL

Approved

Signature: _____
Assistant Director