



**Submit completed form to FMP Service Centre**

**Allow 10 business days for processing**

## ***Facilities Management & Planning***

### **REQUEST FOR SERVICE SHUTDOWN**

**Please do not proceed with work until shutdown has been approved and confirmed**

Date (yyyy-mm-dd): \_\_\_\_\_ Attention: \_\_\_\_\_

Building: \_\_\_\_\_ Name of Requestor: \_\_\_\_\_

Project: \_\_\_\_\_ Project No.: \_\_\_\_\_

Charge to: \_\_\_\_\_

Work being performed:

**SYSTEM TO BE SHUTDOWN: (Which services in which building(s) are to be isolated)**

**Buildings or areas affected:** \_\_\_\_\_

**On-site Contacts:**

1. Company: \_\_\_\_\_
2. Primary Mobile phone: \_\_\_\_\_
3. Primary Name: \_\_\_\_\_
4. Alternate contact name: \_\_\_\_\_
5. Alternate contact phone: \_\_\_\_\_

Note, on-site contact should be the person responsible for the work and be able to respond should an emergency arise.

**Anticipated Schedule:**

Date (yyyy-mm-dd): \_\_\_\_\_ Time: \_\_\_\_\_

Anticipated Duration of Shutdown Hours: \_\_\_\_\_

**Additional Remarks:**