Utility and Equipment Shutdown Request

Maintenance W/O #____________________  Service W/O #____________________

1. Permission to shutdown the following utility(ies) and or equipment is requested:

SAMPLE

2. Building(s) affected: __________________________________________________________

3. Areas of building(s) affected: _______________________________________________

4. Shutdown Information
   Date: __________  Time: __________
   Restored Information
   Date: __________  Time: __________

5. Reason for shutdown request: ________________________________________________

A MINIMUM OF 5 WORKING DAYS NOTICE IS REQUIRED FOR SHUTDOWN REQUESTS

Requested by: ________________  Department: ________________  Date: ________________

DO NOT WRITE BELOW THIS LINE

____ Request is approved  __________ Request is NOT approved

Copies of this request sent to: ____________________________________________________

Approved by: ______________________  Date approved: ________________