ARIZONA STATE UNIVERSITY
FACILITIES MANAGEMENT

Utility and Equipment Shutdown Request

Maintenance W/O #________________________  Service W/O #________________________

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

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:________________________