



## Facilities Management

# Utility Shutdown Request Form

**Requestor Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Request Date:** \_\_\_\_\_

**Project & Name:** \_\_\_\_\_

**Utility System to be Shutdown:** \_\_\_\_\_

**Requested Time/Date for Shutdown:** \_\_\_\_\_

**Description of Work to be done:** \_\_\_\_\_

**Emergency Contacts: Contractor** \_\_\_\_\_

**FM** \_\_\_\_\_

### FOR FACILITIES MANAGEMENT USE ONLY

**Facilities Management Comments:** \_\_\_\_\_

**Applicable FM Foreman Signature:** \_\_\_\_\_

**Approved**       **Disapproved**

**Date:** \_\_\_\_\_

**FM Director Signature:** \_\_\_\_\_