

Request for Utility and Service Shutdown

0206500_CP_11_13_en_A5



It is requested that the noted building system(s) be “shutdown” by the Owner to allow for tie-in of services for the Project as enumerated below. We note that three (3) weeks advance notice is required as a minimum for medical and/or research facilities and that all such shutdowns may occur during other than regular working hours.

Project Title: _____ Date: _____

Requested Deactivation Date: _____ Time: From: _____ To: _____

Subcontractor Name: _____ Emerg. Phone No.: _____

Centennial Superintendent: _____ Phone No.: _____

Location of Activity:

Building: _____ Room(s) Name & No.: _____

Description of Work:

Spec. Section Ref: _____ Detail/Drawing Number: _____

Not Approved – See comments below:

Approved - The required information has been reviewed and confirmed to be correct. The deactivation may proceed during the requested date and time as listed above.

Owner Rep Name (Printed)

Signature

Date