

**PLANNED INTERRUPTION OF UTILITY SERVICE**

**Section 1 - Completed by the party requesting the outage**

Start Date and Time:	Date Notified:
Duration or End Date and Time:	
Department/Contractor Performing the Work:	
Point of contact for party conducting the work:	
Affected Utility Services/Including Fire Suppression/Alarms:	
Scope and purpose of work to be performed:	
Fire Watch required? Yes:	No:
Requests:	

**Section 2 - Completed by the Utilities Project/Construction Manager**

Isolation Points:
Affected Building(s)

**Section 3 - Completed by the Area Maintenance Manager**

Area Manager/Supervisor Notified:	Date:
Requests:	

**Section 4 - Completed by the Utilities Operations and Maintenance Manager or Associate Director**

Approval & Date:
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**Distribution List after Confirmation:**

- |  |                                      |                              |
|--|--------------------------------------|------------------------------|
| Requester                                    | Director of Facilities Management    | Facilities Maintenance. Mgr. |
| Associate Director of Utilities              | Associate Director of Eng&Enrgy Svcs | Utilities Project Manager    |
| Manager, Utilities Operations & Maintenance. | Utilities Maint. Supervisor          | IT/Alarms                    |
| Area Managers (All)                          | Planning, Design & Construction      | Supervisor Water Systems     |
| SRS  | UNM Police                           |                              |