

REQUEST FOR INTERRUPTION OF BUILDING SERVICES,
HOT WORKS PERMIT, OR
FIRE AND LIFE SAFETY SYSTEM IMPAIRMENT

OUTAGES:	Deliver or E-Mail to the Facilities Management District (Zone) Office and to the University's Project Manager
HOT WORKS:	Deliver to the Facilities Management District (Zone) Office
Date:	
Requester's Fax:	
Requester's Phone:	

Project Information	
Project:	Project No.
University Project Manager:	PM Fax: (612) 625-0770 PM Phone: (612)

This Section to be filled out by the <u>Contractor's Representative</u> (Print or Type)	
Today's Date:	
Type of Outage (or Service) Requested: <input type="checkbox"/> Electric Primary <input type="checkbox"/> Elevator <input type="checkbox"/> Sewer <input type="checkbox"/> Water <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Electric Secondary <input type="checkbox"/> Gas <input type="checkbox"/> Steam <input type="checkbox"/> Hot Works Permit <input type="checkbox"/> Other: _____	
OUTAGES: This request is being submitted to the designated representative fourteen (14) calendar days in advance of the required interruption per University of Minnesota Building Standards. HOT WORKS PERMIT: This request is being submitted to the designated representative 48 hours in advance of the work. This interruption is requested for work on: Building Name: Brief Description of the Request: _____ _____	
This Interruption (or Service) Is Requested for the Following Time Period	
Date(s):	Start Time: _____ AM or PM End Time: _____ AM or PM

FOR UNIVERSITY USE ONLY	
Work Order Number:	Date:
Outage Approved by Zone:	Notice Posted: