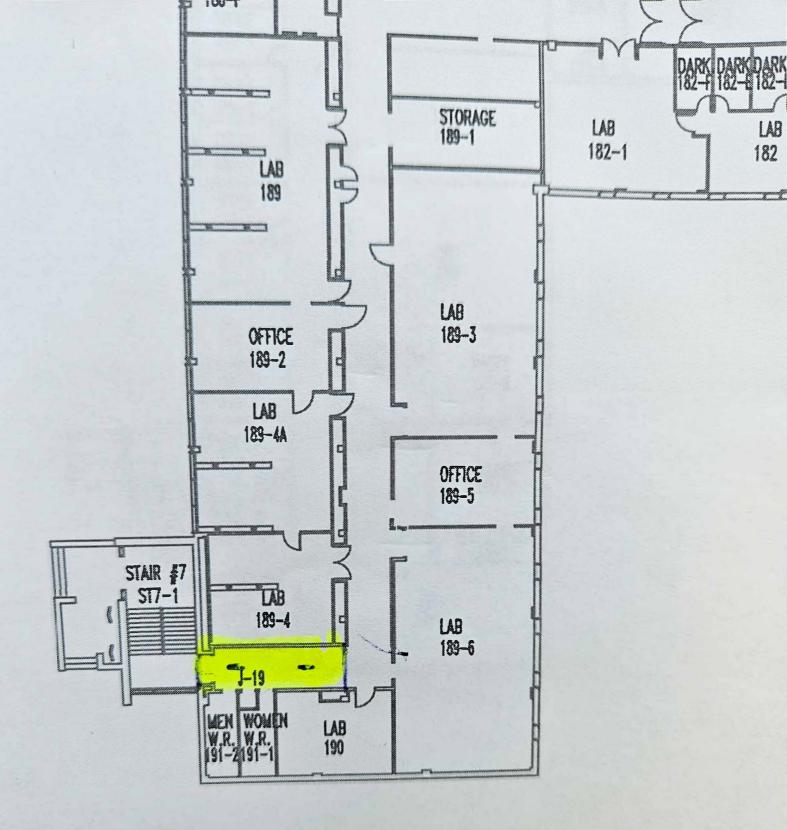
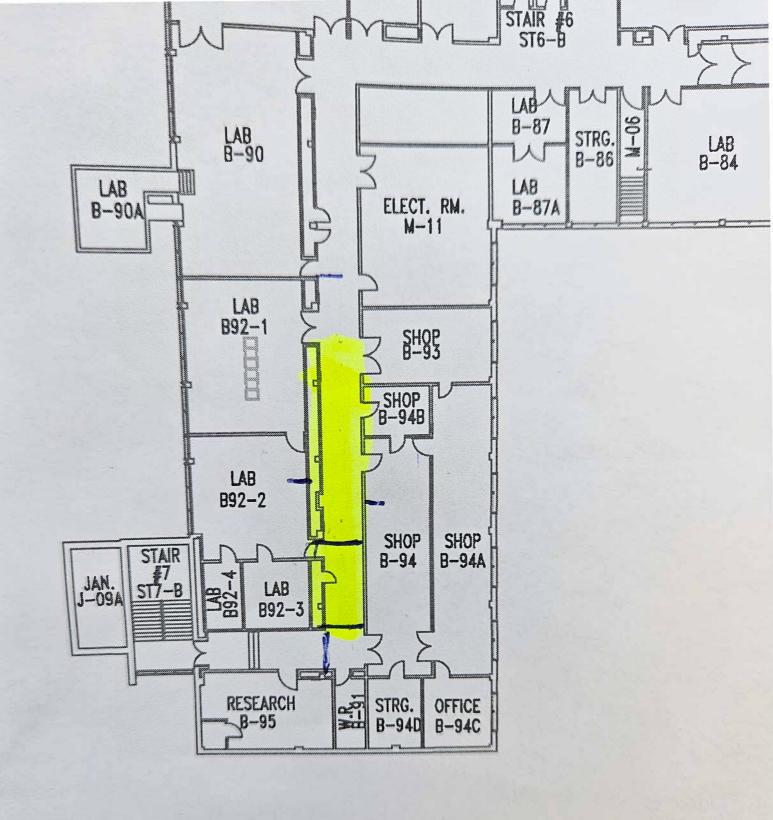


NOTICE OF SERVICE INTERRUPTION/WORK FORM

	er:
Start Date – End Start Date (yyyy/mm/dd) Time (s) End Date (yyyy/mm/dd) Time (s)	Notes
Building(s) 1:	4:
Service to be 1:	2:
Contractor:Contractor/Project Managers:	Phone #:
Should you have any questions or concerns, please contact	
Notes:	



FIRST FLOOR PLAN



Basement Floor Plan