



## Utility Shutdown Request Form

### REQUESTOR

Name

Phone Number

Email Address

### REQUEST DETAILS

Request Date

Project & Name

Requested Utility System to Shutdown

Requested Date & Time for Shutdown

### SCOPE OF WORK DESCRIPTION

Work Details :

### EMERGENCY CONTACTS

Contractor

Phone Number

Email Address

UTD Facilities Management Contact

Phone Number

Email Address

### FOR FACILITIES MANAGEMENT USE ONLY

COMMENTS:

Facilities Management Foreman Signature (if applicable)

Approved

Disapproved

Date:

### FACILITIES MANAGEMENT DIRECTOR

Signature Authority (Printed Name)

Signature Authority (Signed Name)

Date