REQUEST FOR UTILITY INTERRUPTION

Form to be filled out by the contractor requesting a utility interruption and then delivered to Planning, Design and Construction **a minimum of 5 Business Days in advance of the requested outage date**. This form may be emailed to DesignandConstruction@MissouriState.edu.

Project Name: _____

MSU Project Number (as shown on the plans): _____

Construction Firm: _____

Contractor's Representative (Name): _____

Telephone Number: _____ Email Address: _____

Field Contact Number: _____

Affected Building(s): _____

(Attach plan as needed)

Does Project Impact Entire Building? ☐ Yes ☐ No

If No, which Area(s)? _____

Reason for Outage: _____

Utility Type/Types (Check all that apply)

☐ Domestic Cold Water	☐ Heating	☐ Air Conditioning
☐ Domestic Hot Water	☐ Electrical	☐ Fire Protection

Other: _____

Extent of Outage: _____

Preferred Start Time: _____

Number of Consecutive Hours Needed: _____ Number of Days _____

No Interruption Shall Occur Without Written Approval by the University

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Planning, Design and Construction

Pre-outage Meeting Required: ☐ Yes ☐ No

Major Admin. Coordinated: _____ Date: _____

Request Authorized by (Print Name): _____

Signature: _____

Facilities Management

Date of Outage: _____ Start Time: _____ End Time: _____

Date: _____ ☐ Approved ☐ Disapproved

By: _____