

# 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 Working Days in advance of the requested outage date**. This form may be emailed to [DesignandConstruction@MissouriState.edu](mailto: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: \_\_\_\_\_