

University Of Central Florida

Utility Interruption Notification

Interruption Date: _____

Estimated Start Time: _____ Estimated Stop Time: _____

Requestor

Name and Department

Reason for Interruption

Building and Affected Area

Affected Utility or Systems

See next page for STAFF OUTAGE PLAN and OUTAGE APPROVALS

Staff Outage Plan and Outage Approvals

A minimum of one employee from each entity is required to be onsite during the planned outage.

* Written justification must be provided by any entity declining to attend.

Entity	Name	Phone	Onsite	On-Call	Won't Attend*
FO					
FO					
FP&C					
FP&C					
UES					
UES					
CS&T					
CS&T					
UCF Fire Alarm					
UCF Fire Alarm					
Contractor					
Contractor					
Building Liaison					

OUTAGE APPROVALS:

Title	Name	Signature	Date
FP&C Project Manager			
Building Liaison			
CS&T Manager			
FO Manager			
UES Coordinator			