

# 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			