

Waterfront Plaza
Utility Disruption Request Form

WATERFRONT PLAZA MANAGEMENT OFFICE
UTILITY DISRUPTION REQUEST FORM

MGMT OFFICE: 532-4750
SECURITY 532-4510
FACSIMILE: 532-4759

DATE OF REQUEST: _____ TIME: _____

REQUESTED BY: _____

PROJECT: _____

PROJECT MANAGER: _____ TELEPHONE: _____

SYSTEM(S) TYPE: _____

DEVICE(S) TYPE: _____

LOCATION(S): _____

REASON FOR DISRUPTION: _____

DURATION OF DISRUPTION: DATE: _____ TIME: _____

ONSITE CONTACT: _____

TELEPHONE: _____ PAGER: _____ OTHER: _____

TO BE COMPLETED BY AN AUTHORIZED MANAGEMENT OFFICE REPRESENTATIVE

INTERIM SECURITY & SAFETY REQUIREMENTS:

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ENGINEER ASSIGNED:

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APPROVAL: YES / NO

REASON: _____

AUTHORIZED WFP REPRESENTATIVE: _____

OUTSIDE BILLING: YES / NO _____

INSIDE BILLING: ACCOUNT NUMBER /
PURCHASE ORDER NUMBER: _____