



**Facilities Operations & Building Services**

**BEC Notice Requests**

Name of Requestor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Shutdown: \_\_\_\_\_

Start Time of Shutdown: \_\_\_\_\_

End Time of Shutdown: \_\_\_\_\_

Systems Affected:

Heating     Air Conditioning     Electrical     Domestic Water

Hot Water     Other: \_\_\_\_\_

Affected Building(s) and Number(s): \_\_\_\_\_

\_\_\_\_\_

Reason for Shutdown: \_\_\_\_\_

Please check all that apply below:

Emergency Building contacts were notified of shutdown

Access has been arranged where needed

Signature: \_\_\_\_\_

Date : \_\_\_\_\_