

LOYOLA UNIVERSITY CHICAGO - FACILITIES MANAGEMENT

REQUEST FOR FIRE ALARM SYSTEM DISCONNECT

NOTE ALL REQUESTS REQUIRE A PPROVAL FROM FACILITIES MANAGEMENT
ALL REQUESTS REQUIRE A72 HOUR DVANCE NOTICE FOR SCHEDULING OF OUTAGES
ALL REQUESTS REQUIRE A COMPLETED REQUEST BE FAXED TO (773) 508-3368

REQUESTER INFORMATION:

REQUESTER:	DEPARTMENT OR COMPANY:	PHONE #
REQUEST DATE:	WORK ORDER #	

LOCATION & PURPOSE OF OUTAGE :

BUILDING:	FLOOR(S)	ROOM/AREAS:
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PURPOSE OF OUTAGE:

REQUESTED PERIOD OF DISCONNECT:

From Date:	Time:	Daily:
To Date:	Time:	Extension:

BUILDING ALARM SYSTEM INFORMATION (Check One Box)

CITY TIE AND LOCAL ALARM WILL BE OPERATIONAL DURING OUTAGE :

CITY TIE WILL NOT BE OPERATIONAL DURING OUTAGE :

APPROVAL:

FACILITIES MANAGEMENT : Name & Signature:
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ENGINEER/TECH

DISCONNECT: DATE: _____ TIME: _____ NAME: _____
RETURN TO SERVICE: DATE: _____ TIME: _____ NAME: _____

NOTES :
