Project Notification

Project Notification Request Form

Project Name: *

Dental Sciences Pedestrian Bridge Replacment

Project Manager/Co-ordinator: *

Rola Al Sabawi

Project Number:

9D3580

Co-ordinator Phone Number: *

226-374-4657

Start Date/Time: *

03/06/2024 7:00am

End Date/Time: *

30/09/2024 4:00pm

Notes

Area(s) / Building(s) Affected: *

This field is a multi-select dropdown.

Dental Science Building (DSB), Medical Science Parking Lot

Areas/Rooms Affected, Alternate Route/Service: *

Dental Sciences Building and Medical Scineces Parking Lot - Detailed Service Interruptions to follow.

Service to be Interrupted: *

If service is not listed, in the dropdown scroll down to the very bottom and select "other" to input a new option. This field is a multi-select dropdown.

None

Description/Reason for Project: *

Dental Sciences Pedestrian Replacement

Project Notification

Work Done By: *

○ Contractor

Contractor Business Name: *Contractor Site Contact: *

Contractor Phone Number: *

Tonda Construction

Janne Vaukoen

519-617-2426

Shutdowns/Interruptions (Approximate Schedule)

Potential Service Impacts: *

This field is a multi-select dropdown.

None (Notification Only)

Notes:

Further Timeline Details

APPROVED

By Amarildo Topalli at 8:11 am, May 24, 2024

