

REQUEST FOR UTILITY SHUTDOWN FORM

Project No. / Contract No.:	Sub-Contractor:		
Project Name:	Building / Room No.:		
Prime Contractor:	pts. Affected:		
Shutdown requested by:			
(Print Name)Contractor Signa	Contractor Signature:		
To: WVMCCD / Facilities Construction Dept.	Date of Request :		
Shutdown of Service	Restoration of Service		
Date:	Date:		
Time: Duration:	Time:		
Safety Note: Observe all "Lock-Out, Tag-Out" proc MECHANICAL PLUMBING ELECTRICAL DATA / TELECOMMUNICATIONS FIRE PROTECTION SYSTEMS Provided a written narrative with steps that include the			
☐ APPROVED Required Signature	s for Approval:		
☐ REJECTED			
District Facilities Co	onstruction		
Callege Administrat	Date		
College Administrat	Date		



Request shutdown of existing transformer to add breakers for temporary power for construction and trailers.					