

UPSTATE PHYSICAL PLANT NOTIFICATION

Notification Type:

Other: _____

Utility / Service Affected:

Other: _____

Subject:

To support:

a planned:

will be performed.

Please review the details below:

Date:

Time(s):

Location:

Affected Areas / Equipment (Room, Equipment I.D, ETC.):

Impact (What will be interrupted, what will remain operational):

Note:

- This work has been coordinated with affected occupants to minimize disruption.
- Personnel are requested to monitor sensitive equipment during the outage.

Questions or Concerns

If you have any questions or concerns, please contact:

Name:
Department:
Phone:
Email:

Name:
Department:
Phone:
Email:

Thank you for your cooperation and understanding while this work is being completed.