

Metropolitan Washington Airports Authority
UTILITY OUTAGE REQUEST - Dulles International

Must be submitted and approved by Electrical and Utilities Services Division Office four (4) business days before requested outage date.

Project Name (Print or Type)			Contract No.		
Requestor			Company Name		
Address			Phone No.	E-mail	
REQUEST SYSTEM OUTAGE FOR: <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Sprinkler <input type="checkbox"/> Sewer <input type="checkbox"/> HVAC <input type="checkbox"/> BAS <input type="checkbox"/> Other (Specify)			<input type="checkbox"/> Fire Alarm The FACP shall be returned to normal operating conditions at the end of each day.		
START DAY	DATE	TIME (24 HR)	COMPLETION DAY	DATE	TIME (24 HR)

DESCRIPTION

PURPOSE (Indicate project and describe specific tasks to be performed. Attach additional documentation if necessary.)

AFFECTED BUILDINGS, TENANTS AND SYSTEM (Attach additional documentation if necessary.)

CONCURRENCES

(Requestor to obtain the following concurrences, where applicable, before submitting outage form for final approval. Sign and print all approval signatures.)

Affected Tenants/Owners	DATE	Resident Engineer/Project Manager	DATE
Fire Code Official	DATE	Interior Electric Supervisor	DATE
Fire Watch Required <input type="checkbox"/> Fire Watch Attendant: Phone Number:		Electronics/AEM Supervisor	DATE
		Exterior Electric Supervisor	DATE
Fire Alarm Installer Qualifications: Fire Alarm Installer Name:		Utility Supervisor	DATE
		Plumbing Supervisor	DATE

FINAL APPROVAL/REJECTION BY ELECTRICAL AND UTILITIES SERVICES DIVISION OFFICE

Outage Request Approved/Rejected for indicated date and time: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	CONTROL NO.	DATE
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Approval/Rejection comments:

Airports Authority/Resident Engineer/Project Manager Use Only

Resident Engineer Name:	Project Manager Name:
Resident Engineer E-mail:	Project Manager E-mail: