



San Diego Community College District
Operations, Enterprise Services, and Facilities
Facilities, Operations, and Planning
SHUTDOWN REQUEST FORM

Project Name: _____ Phone: _____

Project (or work order number): _____ Email: _____

Project Manager: _____ Shutdown Number: _____

Contractor Request

PLEASE NOTE: Unless an emergency, shutdown requests must be submitted at least two (2) weeks in advance of the proposed shutdown date.

Date Submitted: _____

Company Name: _____

Subcontractor Name: _____

Contact Name: _____

Name: _____

Phone (10-digit): _____

Phone (10-digit): _____

Building:

System to be shut down:

Specific location and areas affected/services that will be non-operational (if known):

Purpose of Shutdown:

Shutdown Details:

Date by which notification/confirmation of shutdown is required: _____

Proposed start date and start time of shutdown: _____

Proposed end date and end time of shutdown: _____

Shutdown meeting location and time: _____

Alternate date for shutdown in case original date cannot be met: _____

FACILITIES INVESTIGATION

Contact: _____ Shop: _____ Phone: _____

Area Affected by Shutdown: _____

Director Facilities: _____ AVC Ayala: _____ VC: _____