



SECTIONs 1-6 TO BE FILLED OUT BY THE CONTRACTOR

Please check all boxes that apply:

| | |
|-----------------------------------------|------------------------------------------------|
| Electrical | Fire Sprinkler Water |
| Chill Water System | Fire Alarm Test |
| Heating Water | IT/DIR System |
| Domestic Water | Project or Repair – All Systems Running |
| Drainage/Sewer | Night Work |
| Elevators | Daytime Noise Notice |
| Hot Work Permit Request | Other _____ |
| 3 Business days required for HWP | |

1) Event Date, Time & Location **START:** 0/00/0000 @ 00:00
END: 0/00/0000 @ 00:00

BUILDING: *Buildi* **ROOM:**

IMPACT LOCATION:

2) Project Information Detail:

WORK ORDER NUMBER/FDC PROJECT NUMBER:

OVERSIGHT RESPONSIBILITY:

ON SITE SUPERVISION:

TFC FMO SUPPORT NEEDED: **TRADE:**

EXTENT OF SUPPORT NEEDED SHALL BE DEFINED IN METHOD OF PROCEDURE

3) DESCRIPTION:

4) JUSTIFICATION (WHY):

5) POTENTIAL INCIDENTS:

6) METHOD OF PROCEDURE (MOP):

**THE CONTRACTOR DOES NOT NEED TO FILL OUT REMAINDER OF THE FORM.
CONTRACTOR NOW WILL FORWARD COMPLETED DOCUMENT TO PROJECT
MANAGER, WHO WILL NEED TO SEND TO TFC PROJECT LIAISON AT
NOTIFICATIONS@TFC.TEXAS.GOV**

TO BE FILLED OUT BY TFC PROJECT LIAISON

TFC Project Liaison Approval Approved_____ Denied_____

If Denied, give reason:

TFC DIVISIONS AND OTHER SUPPORTING AGENCIES NOTIFIED BY TFC PROJECT LIAISONS:

TO BE FILLED OUT BY THE PROPERTY MANAGER

TENANTS NOTIFIED BY:

DATE OF NOTIFICATION:

ADDITIONAL COMMENTS FROM PROPERTY MANAGERS:

****FOR SHUTDOWN NOTICES: ONCE PROPERTY MANAGER HAS FILLED OUT ABOVE SECTION
WITH NAME AND DATE, SAID PROPERTY MANAGER WILL SEND THIS COMPLETED FORM
BACK TO THE TFC PROJECT LIAISON WHO WILL REVIEW AND THEN FORWARD TO FMO
ADMID GROUP AFTER PUTTING THEIR NAME AND DATE BELOW**

Notification sent to FMO Admin Group By:

DATE OF NOTIFICATION: 00/00/00