EXHIBIT B	. (.	
Г	Drexel	
U U DI ANNINC DESI	VI CANCA NIVERSITY ICN AND CONSTRUCTION	
PLAINING, DESI	IGN AND CONSTRUCTION	
Request for Building System Coverage / Utility Shutdown		
PD&C Project No.		
Date of Request:	(five (5) working days prior t	o the required date
Note - If an emergency, check here:		
TO: Dan Severino, AVP, Facilitie	es Operations & Management <u>das494@dre</u>	exel.edu
CC (all): Greg DeFusco at <u>ggd28@drexel.edu</u>	Micha Sabag at mts57@drexel.edu	
Brian Smeltzer at <u>bls343@drexel.edu</u>	Jeffrey Andricola at jna26@drexel.edu	
Thomas Wister at tdw28@drexel.edu	Dale Kleimeyer at dwk34@drexel.edu	
Charles Williams at <u>cew85@drexel.edu</u>	Aaron Jeter at <u>alj79@drexel.edu</u>	
Edward Mikalic at <u>epm38@drexel.edu</u>	Fateen Shuler at <u>fos25@drexel.edu</u>	
Steven Pittaoulis at <u>smp12@drexel.edu</u> Bob Abbott at <u>ba639@drexel.edu</u>	Yaniv Berdugo at <u>yb99@drexel.edu</u> Melvin Campbell at <u>mlc468@drexel.edu</u>	
Requested By:		
	((Contractor)	
Indicate building name, building #, floors, areas or roor and, if possible, the actual room numbers.	(Contractor) ms requiring utility/coverage; include room numb	ers by campus plar
		ers by campus plar
	ms requiring utility/coverage; include room numb	ers by campus plan
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi	ms requiring utility/coverage; include room numb	
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi	ms requiring utility/coverage; include room numb	
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi	ms requiring utility/coverage; include room numb	
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi	ms requiring utility/coverage; include room numb	
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi	ms requiring utility/coverage; include room numb	
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi Reason for utility shutdown/coverage: Start date:	ms requiring utility/coverage; include room numb	
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi Reason for utility shutdown/coverage: Start date: Completion date:	ms requiring utility/coverage; include room numb	
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi Reason for utility shutdown/coverage: Start date: Completion date: Requested for:	ms requiring utility/coverage; include room numb	re Protection ()
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi Reason for utility shutdown/coverage: Start date: Completion date: Requested for: Foreman:	ms requiring utility/coverage; include room numb	re Protection ()
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi Reason for utility shutdown/coverage: Start date: Completion date: Requested for:	ms requiring utility/coverage; include room numb	re Protection ()
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi Reason for utility shutdown/coverage: Start date: Completion date: Requested for: Foreman: Signature of Superintendent:	ms requiring utility/coverage; include room numb	re Protection ()
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi Reason for utility shutdown/coverage: Start date: Completion date: Requested for: Foreman: Signature of Superintendent:	ms requiring utility/coverage; include room numb	re Protection ()
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi Reason for utility shutdown/coverage: Start date: Completion date: Requested for: Foreman: Signature of Superintendent: Comments: cc: Project Manager - Planning, Design & Construction	ms requiring utility/coverage; include room numb	re Protection ()
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi Reason for utility shutdown/coverage: Start date: Completion date: Requested for: Foreman: Signature of Superintendent: Comments: Comments: Comments: Comments: Comments: Commental Health and Radiation Safety	ms requiring utility/coverage; include room numb	re Protection ()
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi Reason for utility shutdown/coverage: Start date: Completion date: Requested for: Foreman: Signature of Superintendent: Comments: Comments: Comments: Comments: Plumbi Commental Health and Radiation Safety David Hollinger - Public Safety (Fire)	<pre>ms requiring utility/coverage; include room numb ing () Electrical () Mechanical () Fin</pre>	re Protection ()
and, if possible, the actual room numbers. Type of utility shutdown/coverage: Plumbi Reason for utility shutdown/coverage: Start date: Completion date: Requested for: Foreman: Signature of Superintendent: Comments: Comments: Comments: Comments: Comments: Commental Health and Radiation Safety	ms requiring utility/coverage; include room numb	re Protection ()