**** ACCESSIBILITY AT MCMASTER UNIVERSITY:**

**TEMPORARY DISRUPTION NOTICE**

**\* Required information** (*please fill out steps 1-6 below)*

1. **There will be a scheduled service disruption at/for:**

(*Name of the affected service or facility)*

1. **The expected duration of the disruption will be from – to:**

 (*Please include D/M/Y and specify if there are specific times)*

1. **The reason for the service disruption is:**
2. **Alternate means of accessing the service or facility:**

(*Alternate entrance routes, elevator/ramp and available washrooms)*

1. **For assistance and more information please contact:**

*(Please include name, department, email and personal extension)*

**6. Additional relevant information:**

*On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, we would like to thank you for your patience in this matter.*