

TEXAS DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE
Off-Campus Organization Inspection
Verification Form

Instructions: Please complete the form with all requested information. When addressing information about your organization, reply with information specific to the location of any off-campus facility used by the organization.

Organization Name: _____

Physical Address: _____

Mailing Address: _____

University Affiliation: _____

Name of Organization Representative: _____

Representative Telephone Number: _____

Date of Fire Inspection: _____

Name of Inspector: _____

Department Conducting Inspection: _____

Department Telephone Number: _____

Status of Fire Safety Inspection

Passed Fire Safety Inspection: _____ Failed Fire Safety Inspection: _____

Failure to provide accurate and complete information may adversely affect your organization's official status. All information is subject to verification.

When completed, return form to:
Office of Student Affairs

Return Copy of form to:
Texas Department of Insurance
State Fire Marshal's Office
Fire Safety Inspection Services Division
P.O. Box 149221 MC: 112FM
Austin, Texas 78714-9221

Signature of Inspector

Date