Fire Extinguisher Request Form

Fire Prevention Services
Office of Campus Safety
The University of Texas at Austin
304 E. 24th Street,SER Suite 202, Austin, TX 78712



Name of department or organizat	ion requesting fire extinguisher	Date of request
Name of person responsible for ch	necking out fire extinguisher	UT EID of responsible person
Phone number of person responsi	ible for checking out fire extingu	isher
Date or length of time needed for	extinguisher	
Type of fire extinguisher needed	Quantity (if more tha	an 5 provide note in "Additional Information")
Building Name	Room Number	Location of Fire Extinguisher
Additional Information (if part of	fan event include event details h	ere)