

**REPORT OF DISTRICT COMMANDER/REPRESENTATIVE POST
MEETING OFFICIAL VISIT FORM**

(Completed by Dist-Cdr or Representative)

DATE: _____

DISTRICT NUMBER: _____

POST VISITED: _____ LOCATION: _____

POST OFFICERS PRESENT: _____

POST OFFICERS ABSENT: _____

POST OFFICERS EXCUSED: _____

MEMBERS PRESENT: _____

TOTAL PRESENT: _____

WAS MEETING CONDUCTED IN ACCORDANCE WITH BY-LAWS/RITUAL/MANUAL
OF PROCEDURES: _____

COMMENTS/SUGGESTIONS/PROBLEMS:

COMMANDER/REPRESENTATIVE SIGNATURE

**[Completed report should be submitted to Department Headquarters] 3401 Knipp Dr,
Jefferson City, Mo 65109 or email adj@movfw.org, hqangela@movfw.org, or fax 573-636-
2664**