



**SIGN LANGUAGE INTERPRETER
REQUEST FORM**

PLEASE FAX TO: City of Los Angeles Department on Disability
Disability Access and Services Division
(213) 202-2715 FAX

For any questions, please contact DOD at (213) 202-2764 Voice or (213) 202-2755 TTY.

APPOINTMENT DATE:	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	TO: <input type="checkbox"/> AM <input type="checkbox"/> PM
REQUESTED BY:	PHONE:	
DEPARTMENT:	BUREAU:	

LOCATION OF EVENT:

ADDRESS: ROOM: CITY: STATE: ZIP:

CROSS STREET: PARKING:

CONTACT PERSON: PHONE:

PROGRAM PARTICIPANT:

TYPE OF INTERPRETING REQUIRED: SITUATION: _____

ONE-ON-ONE STAGE OR PLATFORM SIGN TO VOICE

SMALL GROUP LARGE GROUP

SPECIAL INSTRUCTIONS: _____

(FOR DEPARTMENT ON DISABILITY USE ONLY)

TOTAL \$: _____

____ INTERPRETER(S) X ____ HOURS = ____ TOTAL HOURS X ____ PER HOUR
(2 HOUR MINIMUM)

CRC SLI NAME(S) _____

LIFESIGN NAME(S) _____

WIN NAME(S) _____

COMMENTS: _____

NAME OF PROGRAM/ACCOUNT FUND: XXX 504/ADA OTHER

DEPARTMENT: on Disability DIVISION/BUREAU: Disability Access and Services

ADDRESS: 201 N. Figueroa Street SUITE: 100

CITY: Los Angeles STATE: CA ZIP: 90012

ATTENTION: Angela Kaufman

AUTHORIZED BY: _____ DATE: _____

OFFICE APPROVAL: _____ DATE: _____