

**COMMUNICATION ACCESS REAL-TIME TRANSLATION (CART)
SERVICE REQUEST FORM**



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

OR EMAIL TO: SLI.CART@lacity.org

For any questions, please contact DOD at (213) 202-2764 Voice or (213) 202-3452 TTY.

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

ADDRESS: _____ ROOM: _____ CITY: _____ STATE: _____ ZIP CODE: _____

CROSS STREET:	PARKING:
---------------	----------

CONTACT PERSON:	PHONE:
-----------------	--------

PROGRAM PARTICIPANT: _____

SITUATION:

ONE-ON-ONE STAGE OR PLATFORM
 SMALL GROUP LARGE GROUP

THE HOSTING DEPARTMENT WILL PROVIDE ONE OF THE FOLLOWING:

T.V. MONITOR PROJECTOR SCREEN
 LCD PROJECTOR OTHER

SPECIAL INSTRUCTIONS: _____

(FOR DEPARTMENT ON DISABILITY USE ONLY)

_____ CAPTIONER(S) X _____ HOURS = TOTAL HOURS X \$ TOTAL \$
 PER HOUR

(2 HOUR MINIMUM) ADDITIONAL COST \$

VENDOR: _____

COMMENTS: _____

AUTHORIZED BY: _____ **DATE:** _____

OFFICE APPROVAL: _____ **DATE:** _____