



SIGN LANGUAGE INTERPRETER

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
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REQUESTED BY:	PHONE:
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DEPARTMENT:	BUREAU:
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LOCATION OF EVENT:

ADDRESS:	ROOM:	CITY:	STATE:	ZIP CODE:
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CROSS STREET:	PARKING:
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CONTACT PERSON:	PHONE:
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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	<input type="text"/>	HOURS = <input type="text"/> TOTAL HOURS X \$ <input type="text"/> PER HOUR
<i>(2 HOUR MINIMUM)</i>			
VENDOR:	NAME(S) _____		
VENDOR:	NAME(S) _____		
COMMENTS:			

AUTHORIZED BY:	DATE:
OFFICE APPROVAL:	DATE: