

# COMMUNIQUE INTERPRETING

330 College Avenue Santa Rosa, CA 95401 (707) 546-6869

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## *Interpreter Request Form*

**Fax To: (707) 546-1770**

Date of interpreting needed: \_\_\_\_\_ Start time: \_\_\_\_\_ am pm  
End time: \_\_\_\_\_ am pm

Appointment  
Location/Address: \_\_\_\_\_

Site phone #: \_\_\_\_\_ Contact person: \_\_\_\_\_

Type of appointment: \_\_\_\_\_  
(staff mtg., check up, interview...)

Deaf Person(s) Present at Appointment: \_\_\_\_\_

Other Key Participants: \_\_\_\_\_

Preferred Interpreters: \_\_\_\_\_

Driving Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Requester's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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Billing address: \_\_\_\_\_

Payment Authorized by: \_\_\_\_\_  
(printed name and signature)

Fax #: \_\_\_\_\_ Other relevant #s: \_\_\_\_\_

PO #: \_\_\_\_\_ Medical Record #: \_\_\_\_\_  
( if applicable)

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**Confirmation of interpreter** will be faxed back to you as soon as the assignment is filled. If it is a particularly high demand time for interpreting, and we do not yet have an interpreter scheduled, we will call you two days before to let you know. If you would like more notification time, please let us know so we can honor that.

Interpreter Assigned: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_