



Community Services Department
CONFIRMATION INTERPRETER REQUEST

Job Number: _____

Date of Request: _____

Assignment Information:

How many WEEKS/DAYS: _____ (week(s)/day(s))

Date	Time
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Brief Event Name: _____

Event Location (Please be specific) _____

Name: _____

Phone: (Voice/TTY) _____

Address: _____

Postal Code: _____

Email Address: _____

Contact Person: _____

Thank you for your cooperation. Should you have any questions or concerns please contact 986-7756 (TTY).

*****Note: Our cancellation policy states that you must contact me if there is cancellation as soon as known, if no notice is given and an interpreter goes as per usual than you will receive a “Lack of Notice for Cancellation Letter” and if you receive 2 of these your next request may not be processed. *****