



INTERPRETER REQUEST FORM

**THIS FORM SHOULD BE COMPLETED IN FULL (PLEASE PRINT DETAILS)
AND RETURNED TO FAX: (02) 8255 6711**

Requesting Agency:

Office/Station/School to be invoiced:

Reference No:

Contact Person:

Telephone No: Fax No:.....

Name of Non-English speaking/Deaf Person:

Type of Assignment (eg. interview):

Description (eg. witness, stealing, assessment):

Location of Assignment:

Date of Assignment: Time of Assignment:

Duration of Assignment: Language:

Gender of Interpreter:

Number of Interpreters required:

Any Special Requirements:

.....

PLEASE COMPLETE THE FOLLOWING UNDERTAKING:

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**Acknowledge the fees charged by the Community Relations Commission for Interpreting Assignments,
and undertake to pay the fees within 30 days from invoice date.**

Name:

Signature:

Designation: Date:

Fax: (02) 8255 6711

Level 8, 175-183 Castlereagh Street, SYDNEY NSW 2000

"Your communication link"

TTY: (02) 8255 6758

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