



LSD FORM - 027

# INTERPRETER REQUEST FORM

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

Requesting Agency to be invoiced: .....

Contact Person: .....

Telephone No: ..... Fax No:.....

Email address (to send notification of Interpreter allocation):.....

Name of Non-English speaking/Deaf Person: .....

Language: ..... Customer Reference/File No: .....

Type of Assignment (eg. interview): .....

Description (eg. witness, stealing, assessment): .....

Address for Assignment: .....

Date of Assignment: ..... Assignment Start Time: .....

Duration of Assignment: .....

Gender of Interpreter: .....Number of Interpreters required:.....

Any Special Requirements: .....

.....

**PLEASE COMPLETE THE FOLLOWING UNDERTAKING:**

I ..... of .....

**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: .....

**Online booking request is now available for current CRC customers. Please enquire through email [languageservices@crc.nsw.gov.au](mailto:languageservices@crc.nsw.gov.au)**

Fax: (02) 8255 6711

Level 8, 175 Castlereagh Street, SYDNEY NSW 2000

*"Your communication link"*

TTY: (02) 8255 6758

PO Box A2618, Sydney South NSW 1235

24 hours, seven days a week

Website: [www.crc.nsw.gov.au](http://www.crc.nsw.gov.au)

Email: [languageservices@crc.nsw.gov.au](mailto:languageservices@crc.nsw.gov.au)

**1300 651 500**