



475 Clinton Avenue / Bridgeport, CT 06605

PLEASE FAX YOUR REQUEST TO:
(203) 696-0714
OR EMAIL YOUR REQUEST TO:
csls@LifeBridgeCT.org

SIGN LANGUAGE INTERPRETER FAX REQUEST FORM

Today's Date _____ No. of Interpreters Required _____

Requestors Name _____

Phone Number _____ Ext or Option _____ Fax _____

Business Name _____

Address _____

Appointment Location (Address, Bldg, Suite, Floor, Room Number)

Deaf Client's Name _____ D.O.B. _____

Date of Appointment _____ Time _____

Length of Appointment _____

Reason for Appointment (explain) _____

PLEASE FILL IN BILLING INFORMATION BELOW

P.O./Cost Center # (if applicable) _____

Billing Contact Name _____

Phone Number _____ Fax Number _____

Address _____

Email _____

REGARDING YOUR INTERPRETER REQUEST

Any requests for a sign language interpreter will not be filled unless a fee agreement has been established. We will make every attempt to fill your need to the best of our ability but we cannot guarantee availability.

Please complete the interpreter request form legibly, supplying all pertinent information

Any Questions Call Direct 888-676-8554

www.LifeBridgeCT.org