



The City Of Zillah

THE HEART OF WINE COUNTRY

City of Zillah, Washington
Auxiliary Aids and Services Request Form
 Please fax request form to (509) 829-5457
 (Incomplete forms cannot be processed)

Today's Date:	
Requester's Name:	
Requester's Address:	
Requester's Voice#:	
Requester's TTY#:	
Requester's FAX#:	
Date requiring Auxiliary Aid or Interpreter Services:	
Start Time: (For interpreter services)	End Time: (For interpreter services)
Location/Address of Event, Program or Services: (For interpreter services)	
Type of Request: (For interpreter services)	
<p>(Please select 2 suitable interpreter services, indicating your first preference with a "1" and your second preference with a "2". If you prefer a service not listed, please indicate in the space labeled "other" and describe service requested)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Interpreter Services CART Reporting <input type="checkbox"/> ALD (FM Receiver) <input type="checkbox"/> Interpreter Services (ASL) <input type="checkbox"/> Interpreter Services (Signed English) <input type="checkbox"/> Interpreter Services (Signed Spanish) <input type="checkbox"/> OTHER: (please explain) 	