BOARD OF SUPERVISORS CITY AND COUNTY OF SAN FRANCISCO

INTERPRETATION AND TRANSLATION REQUEST FORM

REQUESTER'S CONTACT INFORMATION:							
Name/ Organization (if applicable)			Today's Date				
Email			Phone				
INTERPRETATION SERVICES REQUEST							
Language Requested		Date of Board/Commission Meeting Requested		g	Number of LEP Participants expected, by primary language (fill all that apply)		
Chinese					Chinese (#)	Spanish (#)	
☐ Spanish ☐ Filipino ☐ Out and		Location and Room Number			Filipino (#)	Other (#) (Please Specify Language)	
Other:(Please Specify)							
Subject of Inter (Agenda Item Numb "Item 5: Homeless O "Hearing on Student	er or Title – i.e. rdinance" or			☐ Board/Committee Item ☐ Public Comment ☐ Hearing/Public Comment ☐ Entire Meeting			
Will you require interpretation equipment (headsets)?					☐ Yes ☐ No		
TRANSLATION SERVICES REQUEST							
Language Requ	anguage Requested Date of Board/Commission Meeting Requested			ng	Document for Translation		
Chinese				☐ Meeting Notice ☐ Agenda ☐ Meeting Minutes*			
☐ Spanish ☐ Filipino ☐ Other:		Note: * Board Meeting Minutes are avaithe Board of Supervisors. (Admin.			e for translation requests only after they are adopted by e, Chapter 91, § 91.7(a))		

Submit forms to: Office of the Clerk of the Board of Supervisors

Email: board.of.supervisors@sfgov.org; Phone: 415-554-5184 (Main); Fax: 415-554-5163 Mailing Address: 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102

Last Updated: November 13, 2015