



# Hispanic Community Council

of Chautauqua County, NY

## Interpreter Request Form

Interpretation Services Request: Spanish

Name of Person Requesting Services: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Appointment Information

Date of service: \_\_\_\_\_ Type of Appointment: \_\_\_\_\_  
Doctor/Legal/Social Services/Rental/other

Time of appointment: \_\_\_\_\_ Approximate length of appointment: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Office/Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Any specific directions: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return / email to:

Max Martin  
5168 Route 430  
Dewittville, New York 14728  
Email: [mmartin@hispaniccommunitycouncil.org](mailto:mmartin@hispaniccommunitycouncil.org)  
(716) 499-5622

Please submit all requests for services no later than 72 hours before the event for which interpretation is needed.