If you require assistance accessing this information or require it in an alternative format, contact the Michigan Department of Transportation's (MDOT) Americans with Disabilities Act (ADA) coordinator at www.Michigan.gov/MDOT-ADA.

Michigan Department of Transportation
2658 (02/21)

SIGN LANGUAGE INTERPRETING REQUEST FORM

Clear Form

OFFICE HOURS
ASL Interpreting *(request reviewed)*
Monday – Friday, 8:00 a.m. – 5:00 p.m.
E-mail: MDOT-TitleVI@Michigan.gov

WHAT TYPE OF INTERPRETING SERVICE ARE YOU REQUESTING?

☐ Video Remote Interpreting *(Online Meeting)* ☐ On Site Interpreting *(In-Person Meeting)*

PERSON REQUESTING SERVICE / POINT OF CONTACT

NAME	PHONE NUMBER
E-MAIL	EVENT

ADDITIONAL POINT OF CONTACT

NAME	PHONE NUMBER
E-MAIL	EVENT

REQUESTOR'S PARTICIPATION ROLE

☐ Participant ☐ Facilitator ☐ Presenter ☐ Other _____

TYPE / LEVEL OF INTERPRETING REQUESTED
Choose an Item

MEETING / EVENT INFORMATION

DATE SERVICE REQUIRED

FREQUENCY OF REQUEST

☐ One-Time Event
☐ Reoccurring *(please specify)* _____

START TIME	END TIME	DURATION

ADDITIONAL DETAILS

IN-PERSON MEETING LOCATION

STREET ADDRESS	NAME OF FACILITY / ROOM NUMBER / NAME

ONLINE MEETING INFORMATION

MEETING PLATFORM TYPE
☐ MS Teams ☐ Zoom ☐ Other *(please specify)* _____

CALL-IN NUMBER _____
☐ Intake ☐ Informational ☐ Interview ☐ Other _____

PASSCODE	WEB MEETING HYPERLINK

Be sure to SAVE YOUR FORM before clicking submit to keep your info for future use. ***Submit Request***