



# Facsimile Transmittal Sheet

Deaf Services Center  
5830 North High Street  
Worthington, OH 43085  
(614) 841-1991 v/tty  
(614) 841-4909 fax

Fax Sent To	Fax Sent by
_____	_____
Fax Number ( ) _____	Date - / / Total # Pages (3) _____
Phone Number ( ) _____	Regarding: _____

<input type="radio"/> Urgent	Comments _____
<input type="radio"/> For Review	_____
<input type="radio"/> Please Comment	_____
<input type="radio"/> Return For Processing	_____

Thank you for your recent call to Deaf Services Center (DSC).  
As the largest provider of interpreting services in Central Ohio,  
we are committed to providing quality interpreters to all our clients.

In order to proceed with scheduling the interpreter(s) for your assignment,  
we will need the following billing information to set up an account:

Name of agency or organization to be billed	_____
Address of agency or organization to be billed	_____
Phone number of agency or organization to be billed	_____
Fax number of agency or organization to be billed	_____

Deaf Services Center will process your request upon receipt of the above information.  
Thank you in advance, for your cooperation and thank you for choosing DSC