



NEXUS Inland NW
 INTERPRETER SERVICES
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NEXUS

**CANCEL/
 RESCHEDULE
 FORM**

**Fax form to Interpreter Services (509) 435-0886
 or email to: IS@NexusINW.com**

You may find these forms at www.NexusINW.com

CANCELLATION

Requestor Name: _____ Phone _____ Ext _____ Fax _____
Name of PERSON placing request (Must include a full name of person requesting) PLEASE INCLUDE PLEASE INCLUDE

Deaf Client Name: _____ Requested Service Date: _____
 Please Select Day S M T W T F S

Start Time: _____ AM PM End Time: _____ AM PM

Job # from Confirmation: _____ Service Location Business Name: _____

Bldg Name / Address: _____ Room # / Floor #: _____

RESCHEDULE TO

Requested Service Date: _____ Start Time: _____ AM PM End Time: _____ AM PM
 Please Select Day S M T W T F S

Brief Description of the Situation: _____

Client DOB _____ Requester's Email _____

Service Location Business Name: _____

Bldg Name / Address: _____ Room # / Floor #: _____

City: _____ WA ID ZIP: _____ Directions: _____

Any other pertinent information the interpreter or HCL should know: _____

Please send this form to Interpreter Coordinator by email to IS@NexusINW.com or by fax at (509) 435-0886