

Auxiliary Communications Service 1011 Turk Street, San Francisco, CA 94102

Phone: 415-558-2717

Website: http://www.sfdem.org/acs Email: demacs@sfgov.org

ACS Service Request

Type of Service:	☐ Operations	☐ Equipment	☐ Training	☐ Public Relations
Frequency:	☐ One-time	☐ Short-term Project	☐ Long-term F	Project
Requesting Departm	ent/Agency:			
Point of Contact's Na	ame:			
Phone:		Email:		
Date of Event:		Start/End Time:		
Location(s):				
Description of service	e needed:			
PLEASE NOTE	: ALL REQUESTS M	UST BE RECEIVED NO LE	SS THAN 30 DAY	S PRIOR TO EVENT
Food Provided: ☐ Ye	es □ No Food	Available to Purchase: Y	es □ No Ap	prox. Cost:
Number/Type of Pers	sonnel Needed:			·
Quantity/Type of Equ	uipment Needed:			·
Notes:				
DEM Approval:				
Work Started:	Work Completed:			