# DAS OUTREACH REQUEST

Thank you for your request to work with the Department of Disability and Aging Services (DAS). Please fill out this form and email it back to [DASOutreach@sfgov.org](mailto:DASOutreach@sfgov.org). DAS will get back to you as soon as possible.

**Requestor’s Name:**

**Requestor’s Agency:**

**Requestor’s Phone Number:**

**Requestor’s E-mail:**

**Event Name:**

**Event Date & Time:**

**Event Location:**

**Estimated Number of Attendees:**

**Additional language needed for outreach materials:**

Spanish  Chinese  Russian  Vietnamese  Tagalog

**Is bilingual staff required for your event?**  Yes  No

**If yes, please specify the language/s:**

**Event Type:**

Community Event  Presentation  Resource/Health Fair

Other:

**Event description & special requests:**