DFAS Columbus Customer Care Center

Site Visit/Teleconference Request Form

Please complete the attached form if you are interested in a Site Visit or Teleconference with DFAS Columbus.

Visits will be scheduled 10 business days in advance in order to coordinate your visit with DFAS personnel and secure visitor security/clearance.

1.	Name:		
2.	Phone:		
3.	Email Address:		
4.	Company:		
5.	Please identify which service you are requesting:		
	Teleconference	Site Visit	
6.	Please describe the issues/needs being discuretc.)	ssed: (contract number, shipmen	t number, issues,
7.	Please identify 2 – 4 possible dates (at least 1	0 business days out) that you wo	ould like to visit:
8.	Please list the first and last names of any/all Participating Attendees :		
9.	Do you or any other attendees have Special Needs? (select all that apply)		
	Sign Language Interpreter	Handicap Parking	Wheelchair
	Other:		
10. Are you a foreign national? (Please note that it takes 45 days to obtain security/clearance):			
	Yes	No	