



## EMERGENCY APPOINTMENT REQUEST FORM

<http://santodomingo.usembassy.gov/acs-e.html>

TODAY' S DATE \_\_\_\_\_

Date/Time Of Original Appointment	Confirmation Number (UID)	Service Requested	Surname	Given Name	Maiden Name

Date of expected travel: \_\_\_\_\_

Reason for early appointment request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Should be identical for all applicants listed above)

If traveling for business, company name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact number: \_\_\_\_\_

**Note: Request will not be granted if form is not completely filled out.**

Please email us a scanned filled out copy of this form to [acssantodom@state.gov](mailto:acssantodom@state.gov), or fax it to (809) 689-6142. We respond to requests within two working days. Due to the high volume of communications received, we request that you do not call, fax or e-mail to follow-up.

**FOR EMBASSY USE ONLY**

APPROVED

☐

REFUSED

☐

INCOMPLETE

☐



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TODAY' S DATE \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ NEW DATE/TIME: \_\_\_\_\_