LOCAL UNION DELEGATE ELECTION TITAN REQUEST FORM LOCAL UNIONS REPRESENTING MEMBERS IN A SEASONAL INDUSTRY ____YES NO

Local Union: Requested By : Phone #	Count Date://201 Date:	
NOMINATION LABE TYPE	Deliver To:	
E-Mail File		
BALLOT LABELS TYPE	Date Needed: Deliver To:	
E-Mail File		
ELECTION CONTRO	DL ROSTER Date Needed:	
#of Copies IGNORE SEQ.#? (MUST BE YES IF	Deliver To:	
SEASONAL LOCAL UNIONSTANDARD INFORMATION:	ON	
	NS/NOTES:	
Principal Officer's Signatur	ıre:	
Return Completed For	m To: International Brotherhood of Teamsters Office of the General Secretary-Treasurer 25 Louisiana Avenue, N. W. Washington, D.C. 20001 Fax No. (202) 624-6849	