LOCAL UNION DELEGATE ELECTION TITAN REQUEST FORM
LOCAL UNIONS REPRESENTING MEMBERS IN A SEASONAL INDUSTRY

____YES _____NO

Local Union:_____ Count Date:___/___/201

Requested By :_____ Date:_____

Phone # _____

___NOMINATION LABELS Date Needed:_____
TYPE

Deliver To:_____

_____

_____E-Mail File _____

___BALLOT LABELS Date Needed:_____
TYPE

Deliver To:_____

_____

_____E-Mail File _____

___ELECTION CONTROL ROSTER Date Needed:_____

___#of Copies Deliver To:_____

_____

___IGNORE SEQ.#? _____
(MUST BE YES IF IBT DID NOT RUN BALLOT LABELS

SEASONAL LOCAL UNION
INFORMATION:_____

_____

SPECIAL INSTRUCTIONS/NOTES:_____

_____

_____

_____

Principal Officer's Signature:_____

_____

Return Completed Form 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