

LOCAL UNION DELEGATE ELECTION TITAN REQUEST FORM

DOES THE LOCAL UNION REPRESENT MEMBERS IN A SEASONAL INDUSTRY? ☐ YES ☐ NO

Local Union: _____ Ballot Count Date: ____/____/20____

Requested By: _____ Date: _____

Phone#: _____

☐ Nomination labels

Date Needed: ____/____/20____

Deliver to: _____

E-Mail file to: _____

☐ Ballot labels

Date Needed: ____/____/20____

Deliver to: _____

E-Mail file to: _____

☐ Election Control Roster

Date Needed: ____/____/20____

Number of copies: _____

Deliver to: _____

E-Mail file to: _____

Ignore SEQ# (Must be YES if IBT did not run ballot labels) ☐ YES ☐ NO

Seasonal Local Union Information: _____

Special Instructions / Notes: _____

Principal Officer's Signature: _____

Is the entire Local subject to the seasonal eligibility rules? ☐ YES ☐ NO

*If no, please attach a listing of the seasonal employers.



Return Completed Form to:

International Brotherhood of Teamsters
Office of the General Secretary-Treasurer
ATTN: Affiliate Bookkeeping Systems

E-Mail: mdeweese@teamster.org
sbingier@teamster.org