

**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**