Election Supervisor's Form 43

WORK SITE & BULLETIN BOARD LIST

IBT Local Number - GCC Local Number - BLET GCA Number - BMWED SF Name:

(Please select from above by circling one or deleting the three that do not apply.)

(Number or Name)

| Employer Name | Full Address | Phone Number | Number of Members at Work Site | Bulletin Board Location | Person Responsible for Posting | Person Responsible Phone Number |
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