



Union Request for Information

Please complete any relevant information below.

DATE: Date of the information request _____

REQUESTER: Name of the requesting union _____

UNION CONTACT: Name, position, mailing and/or email address and phone number of the union contact submitting the request:

DEPARTMENT CONTACT: Name, position, mailing and/or email address and phone number of the department representative to whom the request is being made:

INFORMATION REQUESTED: Description of request. Please provide any information which may assist in responding to the request.
