



LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

CONTRACTOR DISPATCH REQUEST

Email request to: dispatch@local348.com or fax to 509-420-4585

DATE: _____

CONTRACTOR NAME: _____

REQUESTED BY: _____ PHONE #: _____

EMAIL OR FAX DISPATCH TO: _____

JOB NAME: _____

THIS PROJECT IS CLASSIFIED AS BEING SAFETY SENSITIVE: ☐

JOB LOCATION/ADDRESS: _____

DIRECTIONS/INSTRUCTIONS/REPORT TO (NAME & NUMBER): _____

ESTIMATED LENGTH OF JOB: _____ INDICATE SCHEDULE/SHIFT: 5X8'S 4X10'S / DAYS NIGHTS

START DATE: _____ START TIME: _____

JOURNEYMEN REQUESTED: _____ APPRENTICES REQUESTED: _____

SKILLS NEEDED: _____

ADDITIONAL INFORMATION: _____
