

REFERRAL ZONE CHANGE

(Effective the first working day of the month or the 15th of the month)

PRINT NAME: _____

CARD#: _____

| | <u>Zone 1</u> Snohomish County | <u>Zone 2</u> Skagit, Island & San Juan Counties | <u>Zone 3</u> Whatcom County | <u>Zone 4</u> All Eastern Counties | <u>Zone 5</u> C-Stop or OSHA-10 |
|--------------------------------|--------------------------------------|--|------------------------------------|---|---------------------------------------|
| Specify Zone(s) LONG CALLS | | | | | |
| Specify Zone(s) SHORT CALLS | | | | | |

MEMBER SIGNATURE: _____

Date: _____

PLEASE FAX OR MAIL TO:

I.B.E.W. Local No. 191

2701 Hoyt Avenue

Everett, WA 98201

Fax: 425-339-9188

Must be received in the Everett office by the last working day of the month or the 14th of the month.

9/1/2009