

Teamsters Local 72
265 West 14th Street, Room 704
New York, NY 10011

WITHDRAWAL REQUEST FORM

EMPLOYEE INQUIRY INFORMATION

Date Requested: _____ Social Security No. _____

Address: _____

Employee Name: _____ Employee Number: _____

E-Mail Address: _____ Signature: _____

REASON FOR WITHDRAWAL

Complete the form and mail it back to the address above.

Indicate your reason for withdrawal in the space provided below