



## Gate Collection Request Form

Please fill out this form completely and present it in the form of a motion under “New Business” at the general membership meeting.

**Contact information of the person requesting the gate collection.**

Today’s Date \_\_\_\_\_

Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Unit # \_\_\_\_\_ Shift/Crew \_\_\_\_\_ CID (if applies) \_\_\_\_\_

**Contact information of the individual you are requesting the gate collection for.**

Name \_\_\_\_\_

Contact number \_\_\_\_\_ Email \_\_\_\_\_

Unit # \_\_\_\_\_ Shift/Crew \_\_\_\_\_ CID (if applies) \_\_\_\_\_

If the individual you are requesting a gate collection for is not a UAW Local 1268 member, what is the relationship to a UAW Local 1268 member? \_\_\_\_\_

Please give pertinent information of the reason for the gate collection. \_\_\_\_\_

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**Please refer to the attached Gate Collection Guidelines.**