

**Employer Contact Update Form**

This form is to be completed annually by all Employers working in Local 219 Jurisdiction. Form is due by June 1<sup>st</sup> of each contract year.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Main Contact Cell Phone: \_\_\_\_\_

Main Contact Email address: \_\_\_\_\_

Accounting Contact Name: \_\_\_\_\_

Accounting Contact Phone: \_\_\_\_\_

Accounting Contact Email address: \_\_\_\_\_