



U.A. LOCAL 32

WORK RECOVERY PROGRAM

GRANT EXTENSION REQUEST

Date: _____

Bid Date: _____

Requested By: _____

Phone: _____

Contact: _____

General Contractor (s): _____

Project Name: _____

Address/Location: _____

Reason for Extension Request:

Grant Extensions Expire Thirty (30) Days from Date of Issue!

Grant Extension Requests must be filled out **completely** and delivered or faxed to the Local 32 office by no later than the day the Grant is to expire. Send to: **Only two grant extensions are allowed per job.**

WRP JOB #

Work Recovery Director
U.A. Local #32
 595 Monster Road SW, Suite213
 Renton, WA 98055
 Phone: 425-277-6680
Fax: 425-254-0633