

IBEW LOCAL 46 WORK RECOVERY PROGRAM
[FORM WRP#4]
GRANT EXTENSION REQUEST

WRP JOB NUMBER # _____

DATE: _____

BID DATE: _____

REQUESTED BY: _____

CONTACT: (Please Print) _____

GENERAL CONTRACTOR(S) _____

PROJECT NAME: _____

ADDRESS/LOCATION: _____

REASON FOR EXTENSION REQUEST: _____

GRANT EXTENSIONS EXPIRE THIRTY (30) DAYS FROM DATE OF ISSUANCE

THIS FORM SHOULD BE FILLED OUT **COMPLETELY** AND MAILED, DELIVERED OR FAXED BY **NO LATER** THAN 12:00 NOON **THE DAY PRIOR** TO THE GRANT'S EXPIRATION DATE, TO:

**MARKET RECOVERY
IBEW Local 46**

19802 62nd Ave S, Kent WA 98032

email: wrp@ibew46.com

fax: 253-872-7059