

## **DOCUMENT REQUEST FORM**

Title   Individual	YOUR INFORMAT	TON: Complete for	all requests			
Title	Your name Title					
Mailing Address (Street)						
Phone # (	Mailing Address (	Street)				
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GREEMENT: REQUEST A COPY OF YOUR AGREEMENT/LICENSE Fee: \$50  Type of Agreement  Land Wire Track Other  Account Number  Business Name Mail to:  Norfolk Southern Corp. Real Estate Dept.  Attn: Document Requests 1200 Peachtree Street, NE, 12th Floor  Atlanta, Georgia 30309  Atlanta, Georgia 30309  BILLING: REQUEST A COPY OF YOUR INVOICE - No fee Account Number  Business Name Address  Business Name Account Number Account Numbe			<del></del>			
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Land   Wire   Track   Other	AGREEMENT: RE	QUEST A COPY O	F YOUR AGREEMEI	NT/LICENSE	Fee: \$50	
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Address Name Mail to:  Norfolk Southern Corp. Real Estate Dept.  Attn: Document Requests 1200 Peachtree Street, NE, 12 <sup>th</sup> Floor  Atlanta, Georgia 30309  Phone # ()  Eax # ()  BILLING: REQUEST A COPY OF YOUR INVOICE – No fee Account Number Business Name  Novice Number (if known)  Address (if known)  Please send to:  Address City State Zip  Phone # ()		Land	Wire	Track	Other	
Norfolk Southern Corp. Real Estate Dept. Attn: Document Requests 1200 Peachtree Street, NE, 12 <sup>th</sup> Floor Atlanta, Georgia 30309  Phone # ()  Fax # ()  BILLING: REQUEST A COPY OF YOUR INVOICE – No fee Account Number Invoice Number Amount (if known)  Service period (if known)  Please send to:  Address City State Zip  Phone # ()				Mail to:		
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1200 Peachtree Street, NE, 12 <sup>th</sup> Floor				·		
Phone # ()	City			1200 Peachtree Street, NE, 12 <sup>th</sup> Floor		
REQUEST A COPY OF YOUR INVOICE – No fee Account Number	State	Zip		Atlanta, Georgia 3	0309	
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Business Name	BILLING: REQUEST A COPY OF YOUR INVOICE – No fee					
Amount (if known)  Service period (if known)  Please send to:  Address						
Please send to:     City       Address     State       City     Phone # ()						
Address         City           State         Zip           City         Phone # ()	Service period		(if known)	Address		
State Zip	Please send to:					
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	State	Zip		Fax # ()		

Fax To Miscellaneous Billing 404-877-0365 or Mail To

Norfolk Southern Corp. – Misc. Billing Dept. Attn: Document Requests – Billing 1200 Peachtree Street, NE Atlanta, Georgia 30309-0034