

DOCUMENT REQUEST FORM

YOUR INFORMATION: Complete for all requests

Your name _____

Company _____

Title _____

Individual Y N

Mailing Address (Street) _____

City _____

State _____ Zip _____

Phone # (____) _____

Fax # (____) _____

E-Mail Address: _____

AGREEMENT: REQUEST A COPY OF YOUR AGREEMENT/LICENSE

Fee: \$50

Type of Agreement

Land

Wire

Track

Other

Account Number _____

Business Name _____

Address _____

City _____

State _____ Zip _____

Phone # (____) _____

Fax # (____) _____

Mail to:

Norfolk Southern Corp. Real Estate Dept.

Attn: Document Requests

1200 Peachtree Street, NE, 12th Floor

Atlanta, Georgia 30309

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 _____

Fax # (____) _____

REQUEST A CHANGE OF BILLING ADDRESS – No Fee

Account Number _____

Business Name _____

Address _____

City _____

State _____ Zip _____

Phone # (____) _____

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