

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

<input type="checkbox"/> Land	<input type="checkbox"/> Wire	<input type="checkbox"/> Pipe	<input type="checkbox"/> Track	<input type="checkbox"/> Other
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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 _____
Address _____
City _____
State _____ Zip _____
Fax # (_____) _____

REQUEST A CHANGE OF BILLING ADDRESS No Fee

Account Number _____
Business Name _____
Address _____
Address _____
City _____
State _____ Zip _____
Phone # (_____) _____
Fax # (_____) _____

**Fax To Miscellaneous Billing 540-981-5531 or
Mail To**

**Norfolk Southern Corp. – Misc. Billing Dept.
Attn: Document Requests – Billing
110 Franklin Road
Roanoke, Virginia 24042-0034**