

WORK ORDER FORM

READING BLUE MOUNTAIN & NORTHERN RAILROAD

P.O. BOX 218 PORT CLINTON, PA 19549
TELEPHONE (610) 562-0750 FAX (610) 562-1922 COAL FAX (610) 562-3641

**PORTION ABOVE DOTTED LINE TO BE FILLED OUT BY CUSTOMER
WHEN REQUESTING A RAIL CAR MOVE OTHER THAN A NORMAL RAIL CAR SPOT**

DATE WORK REQUESTED _____

DATE WORK NEEDED _____
Type of work to be performed: EXPLAIN BELOW

Company: _____

Name: _____

Title: _____

City/State/Zip: _____

Phone (____) _____ Fax (____) _____

>>>>>>> RAILROAD SERVICES/CHARGES<<<<<<<<

[X] CHECK ONE

[] Inspector: Minimum Charge \$440.00 Per 8 Hr.Day

[] Special Train: Minimum charge \$3,000.00
call Railroad for cost

[] Switching: \$109.00 Per Car

[] Train Delay: \$1,000.00 Minimum charge call for rates

[] Weighing: Inbound \$125.00 Per Car
Outbound \$99.00 Per Car

[] Diversion: \$495.00 Per Car

[] Other Services Required: Call the Railroad for Cost

MAIL SWITCHING/WEIGHING CHARGES TO:

Company Name _____

ATTN: _____

Address _____

Phone # of actual payer (____) _____

City/State/Zip: _____

Fax # (____) _____

(CUSTOMER FILLING OUT THIS FORM WILL ULTIMATELY BE RESPONSIBLE FOR THE CHARGES)

NOTE: This form must be returned to Railroad Office as soon as possible via fax.

Switching/weighing will not be performed without ALL charge information. If necessary, attach drawing of actual move.

..... THIS PORTION TO BE COMPLETED BY RAILROAD OFFICE ONLY

If train delay, fill in total man hours: _____

If switching/weighing, what cars were switched/weighed?

WORK PERFORMED BY: Engineer: _____ Conductor: _____

DATE FORM FILLED OUT: _____ PERSON FILLING OUT REPORT: _____ TITLE: _____

RBMN person who authorized on-line rail car move _____ DATE _____