

# REQUEST FOR INSPECTOR

Date of Submission: \_\_\_\_\_

R166

rev 8/10 dms

All blanks must be completely filled in before any request can be honored. An inspector will be provided, depending on availability. A minimum of 14 days is required for scheduling from the receipt of the request to the date of Confirmation of Inspector. Please allow for this time frame when determining the start date for construction.

Project Location: \_\_\_\_\_  
Municipality/Township County

Railroad Mile Post and/or Street Location: \_\_\_\_\_

Project Type: [ ] Pipe Installation [ ] Wire Installation [ ] Bridge Inspection [ ] Vegetation Management  
Other: \_\_\_\_\_

Details: Purpose, nature of occupancy, type of equipment to be used, how contractor will access site.

Will work involve adjacent track being fouled? (fouling means within 15 ft of track) [ ] Yes [ ] No  
If Yes, Explain: \_\_\_\_\_

## ACTUAL DAYS INSPECTOR IS NEEDED:

If additional days are needed please submit two forms

|             |        |        |         |           |          |        |          |
|-------------|--------|--------|---------|-----------|----------|--------|----------|
| Month _____ | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Month _____ | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

Days will be: [ ] 8 hour days [ ] 10 hour days [ ] 12 hour days Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Contractor will meet the inspector on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ AM/PM

Contractor will meet the inspector at: \_\_\_\_\_  
Give Specific Location

## COMPANY/MUNICIPALITY INFORMATION:

Requesting Company or Municipality: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

## CONTRACTOR INFORMATION:

Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

By requesting an inspector to be present I agree, and will convey same to the Contractor, to adhere to the rules and policies of the Reading Blue Mountain & Northern Railroad. I also agree to adhere to the times and days as stated above and to the decisions and directions of the inspector while on the work site. I understand the requirement to notify the Real Estate office prior to 5:00 AM if the job must be delayed for any reason. I also understand that failure to notify will result in forfeiture of payment for the cancelled day.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

Railroad Manager in charge of project is Del Jean Saylor. 24-hour Voice Mail Phone: 610-562-2902 Fax 610-562-5379

This form must be filled out completely and returned with full payment (certified check if your company has not done business with us before OR a company check if you have established credit with us) to the Real Estate Department, PO Box 188, Port Clinton, PA 19549. You will receive a CONFIRMATION OF INSPECTOR via fax when the inspector is scheduled.

**NO WORK CAN BE PERFORMED WITHOUT THE WRITTEN CONFIRMATION OF INSPECTOR.**