

Application for Track Lease Railroads

APPLICANT CONTACT INFORMATION

Full legal name of applicant:

			State of incorporation, if ap	plicable:	
			Contact phone:		
			Zip+4: (REQUIRED)		
If yes, track	k or ID:				
MATION]Same a	as Above	•		
			Billing contact phone:		
			Zip+4: (REQUIRED)		
AILS					
County, State:					
-		Subdivision (if known):			
		Requested termination date:			
k needed?	If yes and permis the railroad, prov		ssion has been granted by vide permit number.		
adjacent	·				
ct names and					
liens exist					
Does applicant plan to sublease to another party? Y/N			If yes, duplicate above information for sublessee and forward with application.		
	AILS County, State: k needed? adjacent nt to be ed as ct names and liens exist	AILS County, State: k needed? adjacent nt to be ed as ct names and liens exist If ye desc	AILS County, State: If yes and perr the railroad, pradjacent and to be ed as ct names and l. liens exist If yes, describe.	If yes, track or ID: MATION	

THIRD-PARTY CONSULTANT INFORMATION

Preparer company name:			
Preparer contact name:			
Preparer business address:			
Preparer phone:		Preparer email:	
INCULDE WITH APPLICATION One (1) digital copy of an aerial r	ON: map of leased property with site loca	tion clearly identified/	outlined
invoice for the first payment. Ce Lessee will need to return the sig	APPROVED: blication, please allow up to 10 busivertain applications may require adding a lease, first payment, and a cert of sign and execute the lease once a	tional time to review. tificate of insurance m	Prior to full execution of the lease neeting all requirements presented in
SUBMIT APPLICATION TO: RealEstate@Watco.com or to sp	ecific Railroad Real Estate Property	Manager email addre	ess if known.
any work or activities require rem	sufficient hazard is involved, Railro oval, replacement, modification, or lo ngineering or supervision, the applica	cating of track, bridge	s, signals, railroad wires or pipelines
Signature of Applicant	Title		 Date