CSX How tomorrow moves

APPENDIX E

REQUEST FOR HAZARDOUS MATERIALS DENSITY STUDY

(To Request a List of Hazardous Materials Transported Through a Community)

Organization Requesting Density Study: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____
(Street Address)

_____
(City, State, Zip)

Geographical Description of Area for study: _____

_____

By signing below I acknowledge and agree to the terms set forth by CSX Transportation, Inc. for use and dissemination of the information contained within the CSXT Hazardous Materials Density Study. I affirm that the information provided by CSXT in this report will be used solely for and by bonafide emergency planning and response organizations for the expressed purpose of emergency and contingency planning. This information will not be distributed publicly in whole or in part without the expressed written permission of CSX Transportation, Inc.

_____
(Signature of person requesting density study)

Return Completed Form to:	CSXT, Director-Hazardous Materials Systems 500 Water Street J-275 Jacksonville, FL 32202 or **Fax 904-245-2867**

For CSXT Use Only

Director, Hazardous Material Systems Approval: ____ Yes ____ NO Date: _____

Crisis Communication Manager:

Date Request Received: _____

Date Report Generated: _____

Date Report Sent: _____