

APPENDIX A-2

APPLICATION FOR WIRELINE CROSSINGS

RFTA 1340 Main St. #4

Carbondale, CO 81623 970-384-4982 www.rfta.com

Applicant's Tax ID No./SS No.	Date:
We submit for your approval the following specifications for a pipe line we propose to build across RFTA's right-of-way as shown on enclosed sketch.	
Legal name of company/municipality who will own the pipeline:	
Is this a condemning authority? Yes No	
State in which Incorporated: If not incorporated, please attach name of owners or partners.	
Name of contact for ownership entity:	Phone
Correct Mailing address:	Zip:
Type of Encroachment: Crossing Longitudinal	
Location of Encroachment:1/4 Section TWSP	Range Mile Post +
Name of nearest town on RailroadCo	ountyState
Name of nearest roadway crossing	Width of public road or street:ft.
Within limits of public road or street: Yes No If yes	, distance from center line of roadft.
Width of public road or street:ft.	
Kind of encroachment: Electric Telephone: Other:	
No. of wires or cables: Vo	lts: Phase Cycles:
No. of conduits: No. of occupied conduits:	No. of vacant conduits:
Length of encroachment: Adjacent spar	ns: ft ft.
Appurtenances on RR Company property:	
Wire clearance over or under top of rail:	
If under track, size and kind of conduit :	
Wire clearance over RR Company wire lines:	
Was this service requested by RFTA? YesNo	
If yes, who requested?	
RFTA Contact phone Number:	
Is applicant a Railroad Shipper? YesNo	
Is this installation associated with a public road crossing/widening or grade-separation project? Yes No	
If yes, please provide details and plans for said crossing/widening/separation project with your application	
Attached to this sheet is location plan and detail sketch. Sketch shows tie-down measurement to centerline of nearest road crossing, bridge or other railroad structure. Please authorize us to proceed with this installation or advise what changes are necessary to meet your specifications.	
I agree that I have read the instructions for installations of wirelines as detailed in the Utility Accommodation Policy.	
	Signed:
If you would like confirmation of your application, please print	Print Name:
your email address:	Title: Telephone:
	Fax:

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If you need additional assistance, please contact RFTA.