

Claim Form - (Please Print Clearly)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Claimants Name – Please Print

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

\_\_\_\_\_  
City- State- Zip

Mr. George Fitter, Division Engineer  
National Railroad Passenger Corporation  
165 Royal Little Drive  
Providence, Rhode Island 02904

Dear Sir:

Claim is hereby filed for all time made by: \_\_\_\_\_  
(Give full name of person, persons, contractor

\_\_\_\_\_  
performing the work for which claim is being made)

working at: \_\_\_\_\_  
(Show railroad location, milepost, etc. of work performed including City & State)

On: \_\_\_\_\_  
( Give all dates for which claim is made)

When he/they, in violation of Rules No/s. \_\_\_\_\_ of the current  
Effective Agreement, performed the following work

**(Be Specific) :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**(Give a complete description of work claimed, dates and hours involved)**

Very Truly Yours,

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
(Occupation and Gang Number)

\_\_\_\_\_  
Headquarters

**Send Copy of Claim To**  
**Stuart A. Hurlburt Jr., G.C., BMWED 135 Mick Lane, Oneonta, New York 13820**  
Revised 10/14/2009