

**Production M/W CLAIM FORM**

(Please Print Clearly)

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

\_\_\_\_\_  
(Claimant's Name – Please Print)

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
(City, State, Zip Code)

Mr. Steve Mayne, Manager  
TP&E Delaware & Hudson Rwy  
Canada Pacific  
3 Depot Street  
Taylor, Pennsylvania 185667

Dear Sir:

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

\_\_\_\_\_  
Performing the work for which claim is made)

Working at: \_\_\_\_\_  
(show railroad location of work performed, listing City & State)

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

When he (they), in violation of Rule No/s. \_\_\_\_\_ of the current

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)

CC

S.A. Hurlburt Jr. General Chairman, BMWED 135 Mick Lane Oneonta, NY 13820

Revised February 19, 2011