

# RAIL SWITCH REQUEST



Fax to: (360) 693-1833

Company: \_\_\_\_\_

Date: \_\_\_\_\_

| Car # | Full | Empty | Release Date | A.M. | P.M. | Spot Date | A.M. | P.M. | Instructions |
|-------|------|-------|--------------|------|------|-----------|------|------|--------------|
|       |      |       |              |      |      |           |      |      |              |
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|       |      |       |              |      |      |           |      |      |              |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title