

FEC ROW, LLC
INSTALLATION CANCELLATION REQUEST

Date: _____

CONTACT DETAILS

Applicant Name: _____	Phone: _____
Address: _____	City, State, ZIP: _____
Contact: _____	Email: _____
Licensee Name: _____	Phone: _____
Address: _____	City, State, ZIP: _____
Contact: _____	Email: _____
Emergency Contact Name: _____	Emergency Contact Phone: _____

FACILITY DETAILS

*Note: Information should match existing licensed facilities permit.

Facility location mile post: _____ + _____ (ex: 299+1681) Nearest Street Crossing FEC: _____

Branch: _____ Sub-file Number: _____

GPS Entry: _____ GPS Exit: _____
decimal format decimal format

Installation to be cancelled:

Reason for cancellation:

Date proposed for the cancellation: _____

Would this installation be replaced with something else?

Yes

No

If, so, describe the installation that will replace the cancelled facility:

Once the Utility Crossing Cancellation Request is processed and removed from the Schedule A, it will require a new Utility Application package to be submitted if the facility is needed or requested in the future.

There will be no proration or refund for cancelled facilities.

REMITTANCE DETAILS

Submit application package: Two (2) copies of - Application, original permit approval, drawings (11"x17" in U.S. Survey Feet).

Cancellation/Removal must conform to "General Specifications" as specified by the Office of Chief Engineer, Drawings, including profiles, must be submitted with request.

Response time may vary but a typical response time is normally 5 days.

Email request to: fecrow@fecrwy.com and cc: jessica.gillette@fecrwy.com