Crossing Closure Application

FY16 Railroad Grade Crossing Fund

Applicant Name _____

Mailing Address _____

_____

Contact Name, Title _____

_____

Phone Number _____

Fax Number _____

Email Address _____

Applicant's Federal ID Number: _____

Crossing Number – (DOT AAR#): _____

Crossing is on _____ Railroad

County: _____

Cross Streets: _____

Notes: _____

_____

_____