

**Genesee & Wyoming Railroad Services, Inc., Real Estate Department**  
**13901 Sutton Park Dr., S., Suite 270, Jacksonville, FL 32224**

**APPLICATION FOR LEASE OR LICENSE OF RAILROAD PROPERTY**

The following is information needed to apply for and process your request for a Land Lease. Please return this completed application and a map including Railroad property of interest and nearest track(s) to the address listed below.

1. Complete Legal Name of Applicant: \_\_\_\_\_
2. Type of Applicant (please mark one): Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Municipality  
Partnership \_\_\_\_\_ (General \_\_\_\_\_ Limited \_\_\_\_\_) Other \_\_\_\_\_  
If applicable, state of incorporation: \_\_\_\_\_ FEIN or SSN \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
Overnight Delivery Service Address: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
5. Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_ Email: \_\_\_\_\_
6. Estimated Area of Land to be Leased: \_\_\_\_\_ (ft. in length) X \_\_\_\_\_ (ft. in width)
7. Railroad: \_\_\_\_\_
8. Located on the (give direction) \_\_\_\_\_ side of nearest Railroad Track(s)
9. Mile Post \_\_\_\_\_
10. Subdivision \_\_\_\_\_
11. Nearest City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
12. Other Location Description (Township/Range, Natural Landmarks, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Proposed Use of Property: \_\_\_\_\_

Standard Application processing takes approximately 6-8 weeks. A document preparation fee in the amount of \$1,000.00 (U.S.) must be attached for your application to be processed. "Expedited processing" is available and will reduce the processing time to between 1-2 weeks at an additional cost of \$3,000.00 (U.S.). **Please return application and map(s) to: Genesee & Wyoming Railroad Services, Inc., Attn: Real Estate Department, 13901 Sutton Park Dr., S., Suite 270, Jacksonville, FL 32224. (Checks for document preparation fees should be made payable to the Railroad in question).**

**\*\*\* Canadian Applicants please pay in Canadian Funds plus HST\*\*\***

Dated:\_\_\_\_\_ Signature:\_\_\_\_\_

Phone No.:\_\_\_\_\_ Name Printed:\_\_\_\_\_

Fax No.:\_\_\_\_\_ Title:\_\_\_\_\_