



**KANSAS CITY SOUTHERN**

# Request for Hazardous Materials Commodity Flow Information

(As provided by OT-55)

Organization Requesting Information: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address (Mailing) \_\_\_\_\_ Address (Physical) \_\_\_\_\_  
(P.O. or street address) (street address)

\_\_\_\_\_ (city, state, zip) \_\_\_\_\_ (city, state, zip)

**Provide county(s) & state for requested hazmat data:** \_\_\_\_\_

**Provide reason for request and declare intended use of data:** \_\_\_\_\_

(if necessary, attach additional information)

**List all individuals, with their affiliated organizations and phone numbers, who will be allowed access to view/read the provided KCS hazmat data:** \_\_\_\_\_

(if necessary, attach additional information)

**Provide a copy of driver license, or other equivalent form of state or federal identification, for each individual who will be allowed access to view the KCS hazmat information when supplied.**

Return completed and notarized request form to: Steve McNealy  
U.S. DOT Hazmat Compliance and Emergency Response  
The Kansas City Southern Railway Company  
P.O. Box 219335  
Kansas City, MO 64121-9335

By signing below I acknowledge and agree to the terms set forth by The Kansas City Southern Railway Company (KCS) for use and dissemination of the KCS Hazardous Materials Commodity Flow Information. KCS considers this information to be restricted information of a security nature. I thus affirm and agree that the information provided by KCS in this report will be used solely for and by bona fide emergency planning and response organizations for the expressed purpose of emergency and contingency planning. This information will not be distributed publicly in whole or in part without the expressed written permission of KCS. I further agree that violation of this restriction will entitle KCS to injunctive relief against distribution of this information other than to bona fide emergency response and planning organizations.

\_\_\_\_\_  
(Signature of person requesting commodity flow information)

ACKNOWLEDGEMENT  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he/she executed this foregoing instrument as the act and deed of the Receiver for the purposes and consideration expressed therein.

WITNESS MY HAND AND SEAL THIS \_\_\_\_\_ DAY of \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_