

Railroad Initials: _____ Year: _____

ANNUAL REPORT
OF
STATE STATICS
FOR

(INSERT RAILROAD NAME HERE)

TO THE
MISSOURI DEPARTMENT OF TRANSPORTATION
MULTIMODAL OPERATIONS, RAILROAD SECTION
FOR THE

YEAR ENDED _____

Name, official title, telephone number and office address of officer in charge of correspondence:

Name: _____ Title: _____

() _____
Telephone number

Office Address: _____
Street and Number

City, State and Zip Code