2601 COUNTY ROAD 700 E COLUMBIA CITY, IN 46725 (260) 625 -8100

## RAIL CUSTOMER CLAIM REQUEST FORM

CUSTOMER				SDI CUSTOMER SERVICE REP:	
INVOICE #		BILL OF LADING #		SALES ORDER #	
SECTION SIZE	LENGTH	#OF PIECES	BUNDLE #	GRADE	
DESCRIPTION OF CLAIM  CUSTOMER DESIRED ACTION	ION :				
□ SCRAP	@ CURREI	NT \$ /G	T		
☐ PICKUP PRODUCT LOCATION:			DATE TO PICKUP :		
☐ OTHER	DESCRIBE:				
PICTURES ATTACHED? ☐ YES ☐ NO ☐ NOT APPLICABLE		REQUEST I	NITIATED BY	DATE REQUESTED	
SDI ACTION / RECOMMEN DATE: B	IDATION: Y:	NOTES:			

## To Initiate Claim:

- 1. Complete Form
- 2. Attach any Supporting Documentation
- 3. Forward to Your Sales or Technical Services Representative

ACCOUNTING USE ONLY
Claim #
Received: / /