



Request for Hazardous Materials Density Study

Date: _____

Organization Requesting Density Study _____

Contact Person: _____

Phone Number: _____

Title: _____

Email Address: _____

Mailing Address: _____

(Street Address)

(City, State, Zip)

Geographical Description of Area for Study:

Intended Use / Reason for Data Request:

Preferred method to receive report: Email U.S. Mail Fax (Mark One)

By signing below I acknowledge and agree to the terms set forth by CP for use and dissemination of the information contained within the CP Hazardous Materials Density Study. I affirm that the information provided by CP 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 CP.

(Signature of person requesting density study)

Return completed form to:	HMReports@cpr.ca Hazmat Regulatory Reporting Environmental Risk 7550 Ogden Dale Rd SE Calgary, AB T2C 4X9 Fax: 1 403 319 3883
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For CPR Use Only

Person Responsible for Approval: _____ Date: _____