



**APPLICATION PROCESS & INSTRUCTIONS**

Telephone (303) 398-0400, Fax (866) 351-9503

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# RESIDENTIAL LEASE APPLICATION FORM

**A RESIDENTIAL LEASE IS GIVEN TO THOSE WHO INTEND TO USE RAILROAD-OWNED PROPERTY FOR SINGLE-FAMILY DWELLING PURPOSES** (i.e. access road or driveway, yard space, parking, etc.) Return the completed application along with a non-refundable fee in the amount of **\$500 USD (\$666 CAD)** and a print or sketch of the proposed lease premises with dimensions, coordinates and directions. There may be additional annual fees assessed for the use of the premises.

*(Be sure to list the check number(s) at the bottom of the cover sheet AND application)*

Make check(s) payable to:

**OmniTRAX Inc.  
C/O AR Real Estate Department  
252 Clayton Street  
Denver, CO 80206**

[\(As information, future payments will also be sent to the address listed above.\)](#)

If the submitted application and/or plans require review by an environmental (HAZMAT) or other outside consultants, it will solely be at the applicant's expense and in addition to the aforementioned fees. **INCOMPLETE** applications will result in processing delays and applications without the required fees will not be processed. If you are a Canadian business or resident, this fee is a taxable supply. Include the applicable GST.

Once an executable Lease Agreement is submitted to you, the agreement must be fully negotiated and executed within one hundred twenty (120) days. Thereafter, the application and materials will be archived and resubmission (including fees) will be required.

**PLEASE INITIAL HERE TO INDICATE YOU UNDERSTAND THIS POLICY:** \_\_\_\_\_

**LIST CHECK NUMBER(S):** \_\_\_\_\_  
\_\_\_\_\_

**RAIL MADE**

**EASY**

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## RESIDENTIAL LEASE RAILROAD-OWNED PROPERTY

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1. Complete Legal Name of Applicant: \_\_\_\_\_
  2. Agreement to be in the name of (if different from above): \_\_\_\_\_
  3. Type of Entity (please mark one): Corporation \_\_\_ LLC \_\_\_ Individual \_\_\_ Municipality \_\_\_  
Partnership \_\_\_ General \_\_\_ Limited \_\_\_ Other \_\_\_\_\_
  4. If applicable, state/province of incorporation or organization: \_\_\_\_\_
  5. Federal Tax Identification number (U.S. Leases): \_\_\_\_\_
  6. Mailing Address: \_\_\_\_\_
  7. Overnight Delivery Service Address (if different): \_\_\_\_\_
  8. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
  9. Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax No.: ( \_\_\_\_\_ ) \_\_\_\_\_
  10. Email: \_\_\_\_\_
  11. Email Address Where Notices Can be Sent to: \_\_\_\_\_
  12. **Billing Contact Name, Phone Number, and Address Required:**

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13. Railroad Name: \_\_\_\_\_
- Nearest Milepost: \_\_\_\_\_ DOT No.: \_\_\_\_\_
- Track Station (from): \_\_\_\_\_ Track Station (to): \_\_\_\_\_

NOTE: If Milepost or Track Stations are not known, please indicate the nearest road intersection here;

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Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_



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**Geographical Coordinates Required (in decimal degrees)**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Located on the (N/S/E/W) \_\_\_\_\_ side of (landmark, intersection) \_\_\_\_\_

14. Do you plan to sublease to another party? \_\_\_\_ Yes \_\_\_\_ No (**NOTE:** If yes, additional information will be required.)

15. Estimated area of land to be leased: \_\_\_\_\_ (in square feet or acres)

16. Detailed description of intended use of leased premises: \_\_\_\_\_

By submitting this application for credit, you authorize OmniTRAX or affiliate, to make any inquiries necessary to determine credit worthiness. You release your banking instruction release details that would assist to determine credit worthiness.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Our terms of sale and service are NET 30 DAYS from the date listed on the invoice. Invoices that are beyond granted terms will be assessed a late fee of 18% APR (1.5% monthly) additional Terms and Conditions apply. A \$20.00 charge will apply for any NSF/Non-Sufficient Checks.

Date: \_\_\_\_\_

LIST CHECK NUMBER(S): \_\_\_\_\_

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

Name Printed: \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No: \_\_\_\_\_

**BE SURE TO RETURN THE COVER SHEET WITH YOUR APPLICATION**