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	HEAT #	GRADE	$\overline{}$
DESCRIPTION OF CLAIM					
CUSTOMER DESIRED ACT	ION :				
□ SCRAP	@ CURRE	ENT \$ /G	T		
☐ PICKUP PRODUC			DATE TO PICKUP :		
□ OTHER	DESCRIBE:				
PICTURES ATTACHED?  ☐ YES ☐ NO ☐ NOT APPLICABLE		REQUEST INITIATED BY		DATE REQUESTED	
SDI ACTION / RECOMMEN				•	
	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: / /