

WESTERN MARYLAND RAILWAY COMPANY

BALTIMORE 2, MD.

..... R. R.

*Dear Sir: Will you please favor me, on account of this Company with
 'TRIP PASS
 HALF RATE for the following person , who is not prohibited by
 law from receiving free transportation.*

Mail Passes and Requests to Manager Passenger Information, W. M. Ry., Baltimore 2, Md.

Name

Address

Account

From _____ *to* _____ *and return*
 Limited to _____

The person for whom, or on whose account, this transportation is requested is (was, if furloughed, retired or deceased) carried regularly on the payroll of this Company and devotes (devoted) substantially all his working time to railroad service.

No officer or employee of this Company is or will be compensated for the solicitation of freight, wholly or in part, on basis of volume of traffic or percentage of resulting revenue.

This request shall be valid only when bearing office stamp of President and countersigned by myself, or by R. S. Bryant

My Name is on File with the Interstate Commerce Commission.

Countersigned by

.....

Pass No. Issued

Length of Service.....



President

WESTERN MARYLAND RAILWAY COMPANY

REQUEST FOR TRIP PASS

..... R. R.

Will you please favor me with

TRIP PASS
HALF RATE for the following person, who ^{is} ~~are~~ not prohibited by
 law from receiving free transportation.

Name

Address

Account

From to and return
 Limited to

PASSES PREVIOUSLY REQUESTED THIS YEAR AND REASON.

DATE	ROAD	FROM	TO

Company Business.....

I hereby certify that the above mentioned person is (are) ENTIRELY DEPENDENT upon me for support.

Personal Account.....

Signed.....

(SIGNATURE OF APPLICANT)

I hereby certify that the person for whom or on whose account, this transportation is requested is (was, if furloughed, retired or deceased) carried regularly on the payroll of this Company and devotes (devoted) substantially all his working time to railroad service.

Approved.....

Signed.....

Length of Service.....

Approved.....

PASS No.....

Date Received.....

NOTE—In requesting pass for member of family, explain degree of relationship and state clearly if entirely dependent. Give names and ages of all dependents except wives. Give full name and occupation and postoffice address of employe on whom dependent. If for foreign transportation, use Form PB-6 for original and Form PB-7 for carbon —both copies to Manager Passenger Information—Baltimore, after approved by proper officers.