CLAIM FORM

Submit this form (and required documentation) within thirty (30) days of closing on your property

Norfolk Southern Value Assurance Program
CLAIM FORM

Seller Information	
Owner Name(s)	
Current Mailing Address	
Phone Number	
Email Address	
Property Information	
Property Address	
Parcel ID Number	
Real Estate Agent Information	
Name	
Agency	
Phone Number	
Email Address	
Purchaser Information	
Name	
Phone Number	
Sale Price	
Closing Date	

I owned an Eligible Property and sold it following VAP procedures.

Owner Signature	Date
Owner Social Security Number or EIN	
Co-Owner Signature, if any	Date
Co-Owner Social Security Number or EIN	
Agent Signature	Date

This Claim Form plus a copy of the executed sales contract, closing statement, and recorded deed must be emailed to PropertyAdministrator@alvarezandmarsal.com by the deadlines specified under "Program Participation" for your claim to be processed.