



## TRI-VALLEY BRANCH 2902 – N.A.L.C.

Dear Supervisor,

In accordance with Sections 242.270 and 271 of the MANAGEMENT OF DELIVERY SERVICES (M-39 Handbook), I am requesting a Special Route Inspection. My route is in excess of eight hours and qualifies under section 271 of the M-39 Handbook for the Special Route Inspection.

Route Number \_\_\_\_\_ Name \_\_\_\_\_  
Office \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_



Original – Supervisor

Copy – Shop Steward

Copy – Your Copy



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