

PORT HURON & DETROIT RAILROAD CO.

Date _____ 19____

Car No. _____

Initials _____

Defects _____

Signed, _____

Inspector at _____

A. A. R. Defect Card PORT HURON & DETROIT RAILROAD CO.

DATE _____

Car specified below will be received at any point on this company's line with the following defects:

Car No. _____ Initials _____

_____ Inspector at _____

NOTE. - Fill in defects on both sides black indelible pencil. Attach this card to per Rules 14 and 49.

Send bill on this card to
W. H. BRAHANY, Auditor

PORT HURON & DETROIT RAILROAD CO.

Date _____ 19____

Car No. _____

Initials _____

Defects _____

Signed, _____

Inspector at _____

NOTE. - Fill in defects on both sides with ink or black indelible pencil. Attach this card to car as per Rules 14 and 49.

A. A. R. Defect Card

PORT HURON & DETROIT RAILROAD CO.

DATE _____

Car specified below will be received at any point on this company's line with the following defects:

Car No. _____

Initials _____

Inspector at _____

Send bill on this card to
W. H. BRAHANY, Auditor