



Janet Napolitano  
Governor

Victor M. Mendez  
Director

ORIGINAL

Arizona Department of Transportation

Office of the Director

206 South Seventeenth Avenue Phoenix, Arizona 85007-3713



0000004142

19W

Debra R. Brisk  
Deputy Director

June 25, 2004

RECEIVED

JUL 1 2004

ARIZONA CORPORATION COMMISSION  
HEARING DIVISION

Mr. Marc E. Stern  
Administrative Law Judge  
ARIZONA CORPORATION COMMISSION  
1200 West Washington Street  
Phoenix, Arizona 85007

RE: TRACS No. 5046 MA MES SR157 01C  
Project No. STP-504-6(5)P  
RAIL/HIGHWAY SAFETY PROGRAM  
Broadway Road (Mesa)  
Union Pacific Railroad Company  
AAR/DOT No: 741-657-Y

Dear Mr. Stern:

RR-03639A-04-0381

Please withdraw our application of May 13, 2004, for an Opinion and Order on the subject project. The scope of work is for the installation of a concrete crossing surface without any signal installation. By copy of this letter, sent by certified mail (copies attached), the Union Pacific Railroad Company and the City of Mesa will be notified of this request.

Sincerely,

John Syers  
Railroad Engineering Coordinator  
Utility & Railroad Engineering Section  
205 South 17th Ave, RM 357, MD 618E  
Phoenix, AZ 85007-3212  
(602) 712-7541

Attachment

cc: James H. Smith, UP RR  
Peter Knudson, C.O. Mesa

AZ CORP COMMISSION  
DOCUMENT CONTROL

2004 JUL - 1 1P 1:40

RECEIVED

Arizona Corporation Commission  
DOCKETED

JUL - 1 2004

DOCKETED BY CAR



2001 Award Recipient

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Mr. Peter Knudson, P.E.  
Assistant City Engineer  
P.O. Box 1466  
Mesa, AZ 85211-1466**

2. Article Number (Copy from service label)

**7000 0520 0022 0577 5781**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7000 0520 0022 0577 5781  
7000 0520 0022 0577 5781

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (To be completed by mailer)

**Peter Knudson**  
Street, Apt. No., or P.O. Box No.  
**P.O. Box 1466**  
City, State, ZIP+4  
**Mesa, AZ 85211-1466**

PS Form 3800, February 2000

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Mr. James H. Smith**  
**Manager Industry & Public Projects**  
**Union Pacific Railroad Company**  
**10031 Foothills Boulevard**  
**Roseville, CA 95747**

2. Article Number (Copy from service label)

7000 0520 0022 0577 5774

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)      B. Date of Delivery

C. Signature  
**X**  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail       Express Mail  
 Registered       Return Receipt for Merchandise  
 Insured Mail       C.O.D.

4. Restricted Delivery? (Extra Fee)       Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**



7000 0520 0022 0577 5774  
 7000 0520 0022 0577 5774

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

--	--

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark Here

<b>Recipient's Name (Please Print Clearly) (To be completed by mailer)</b>	
James Smith UPRR	
<small>Street, Apt. No.; or PO Box No.</small>	
10031 Foothills Boulevard	
<small>City, State, ZIP+4</small>	
Roseville, CA 95747	

PS Form 3800, February 2000

See Reverse for Instructions