Commonwealth of Virginia
MARINE RESOURCES COMMISSION
2600 Washington Ave., 3rd Floor
Newport News, VA 23607

REQUEST FOR RESTAKING

I, _____
(PLEASE PRINT NAME)

Hereby request that my leasehold of _____ acres, plat number _____

or lease number _____situated in the waters of _____,

in the city/county of _____, District _____,

be restaked.

_____ _____
Signature Telephone

_____
Address

_____
City, State, Zip Code Date

Request made to

_____
(SURVEYOR OR MARINE POLICE OFFICER)

CHARGES:
$50.00 – HOURLY RATE FOR FIELD WORK
$75.00 – MINIMUM CHARGE
$ 2.00 – EACH CORNER STAKE (if not provided)

FOR OFFICE USE ONLY:

LEASE NUMBER: _____

BILLING NUMBER: _____

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