



VMRC RESTAKING REQUEST

RESTAKING FEE: \$110 PER HOUR

LEASE INFORMATION			
Lease Number:		Plat File Number:	
Acreage:		Billing Number:	
Waterbody:			
Leaseholder(s): <i>(please print names)</i>			
REQUEST TO RESTAKE			
I/We the above leaseholders request that my/our leasehold outlined above be restaked. I/We agree to pay the restaking fees within 30 days of services being rendered. I/We understand that failure to pay may result in the withholding of future services by VMRC, additional chares, and/or collection fees.			
_____		_____	
(leaseholder signature)		(date)	
_____		_____	
(leaseholder signature)		(date)	
_____		_____	
(leaseholder signature)		(date)	
OFFICE USE			
Approved By:			
	_____		_____
	(Division Chief)		(date)

If you have any questions about this form or the associated lease, please contact VMRC staff below:

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Lead Surveyor
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(757)247-2227

Received