VMRC PLAT COMBINATION REQUEST

PLAT COMBINATION FEE: $100

LEASEHOLDER INFORMATION			
Leaseholder(s): (*please print names*)			
Mailing Address:			
Phone Number:		**Email Address:**	
Waterbody of Leases:		**Account Billing Number:**	

LEASES TO BE COMBINED					
Lease Number:		**Plat File No.:**		**Acreage:**	
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REQUEST TO RESTAKE

I/We the above leasholder(s) request that my/our leaseholds outlined above be combined. I/We understand that the plat combination fee must be paid ***before*** the service will be rentered.

_____ _____
(*leasholder signature*) (*date*)

_____ _____
(*leasholder signature*) (*date*)

_____ _____
(*leasholder 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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