

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, MARINE POLICE OFFICER OR CHIEF ENGINEER)

CHARGES:
\$50.00 – HOURLY RATE FOR FIELD WORK
\$75.00 – MINIMUM CHARGE

YOU MUST PROVIDE CORNER MARKERS THAT COMPLY WITH CURRENT VMRC MARKING REGULATIONS.

Signatory agrees to promptly pay the charges for the restaking request. Failure to pay may result in the withholding of future services by VMRC, additional charges, and collection actions.

FOR OFFICE USE ONLY:

LEASE NUMBER: _____

BILLING NUMBER: _____

revised 09/11/2012 (restakingrequestform8-2012.doc)