



VMRC OYSTER GROUND LEASE TERMINATION REQUEST

LEASE INFORMATION			
Lease Number:		Plat File Number:	
Acreage:		Billing Number:	
Waterbody:			
Leaseholder(s): <i>(please print names)</i>			
Are one or more leaseholders deceased?	<input type="checkbox"/> <i>Yes (if yes please include a copy of death certificate)</i>		<input type="checkbox"/> No
Name of deceased:		Date of death:	
REQUEST TO TERMINATE			
<p>I/We the above leaseholders request that my/our leasehold outlined above be terminated. I/we relinquish any and all rights, title, and interest that assigned to me/us pursuant to section 28.2 of the Code of Virginia, effective this date.</p>			
_____ <i>(leaseholder signature)</i>		_____ <i>(date)</i>	
_____ <i>(leaseholder signature)</i>		_____ <i>(date)</i>	
_____ <i>(leaseholder signature)</i>		_____ <i>(date)</i>	
OFFICE USE			
Approved By:	_____ <i>(Division Chief)</i>		
	_____ <i>(date)</i>		

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

Savannah Longest
Shellfish Aquaculture Specialist
 savannah.longest@mrc.virginia.gov
 (757)247-2262

Received