



## VMRC PLAT COMBINATION REQUEST

**PLAT COMBINATION FEE: \$100**

LEASEHOLDER INFORMATION					
<b>Leaseholder(s):</b> (please print names)					
<b>Mailing Address:</b>					
<b>Phone Number:</b>		<b>Email Address:</b>			
<b>Waterbody of Leases:</b>		<b>Account Billing Number:</b>			
LEASES TO BE COMBINED					
<b>Lease Number:</b>		<b>Plat File No.:</b>		<b>Acreage:</b>	
<b>Lease Number:</b>		<b>Plat File No.:</b>		<b>Acreage:</b>	
<b>Lease Number:</b>		<b>Plat File No.:</b>		<b>Acreage:</b>	
<b>Lease Number:</b>		<b>Plat File No.:</b>		<b>Acreage:</b>	
<b>Lease Number:</b>		<b>Plat File No.:</b>		<b>Acreage:</b>	
REQUEST TO RESTAKE					
<p>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 <b><i>before</i></b> the service will be rendered.</p> <p>_____ (leasholder signature) _____ (date)</p> <p>_____ (leasholder signature) _____ (date)</p> <p>_____ (leasholder signature) _____ (date)</p>					
OFFICE USE					
<b>Approved By:</b>	_____ (Division Chief) _____ (date)				

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

**Daniel Faggert**  
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