VMRC OYSTER GROUND LEASE TERMINATION REQUEST

LEASE INFORMATION			
Lease Number:		**Plat File Number:**	
Acreage:		**Billing Number:**	
Waterbody:			
Leaseholder(s): (*please print names*)			
Are one or more leaseholders deceased?	☐ Yes (*if yes please include a copy of death certificate*)	☐ No	
Name of deceased:		**Date of death:**	

REQUEST TO TERMINATE

I/We the above leasholders 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.

_____ _____
(*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:

Adam Kenyon
Shellfish Division Chief
Adam.Kenyon@mrc.virginia.gov
757-247-8068

Received