

MERESTONE CONSULTANTS INC.
5215 W. Woodmill Drive, Suite 38
Wilmington, DE 19808
(302) 992-7900 / (302) 992-7911 Fax

REQUEST FOR PROPERTY CORNER STAKING

Name _____ Phone _____

Property Address _____

City _____ State _____ Zip _____ Lot _____

Subdivision _____ Tax Parcel No. _____

SERVICES:

Unless existing markers are found, an 18" long x 1/2" diameter reinforcing bar (rebar) with a plastic cap (indicating our name) will be placed at each property corner identified, as requested. A wood stake will be placed next to the rebar to witness its location.

The minimum fee for property corner staking is \$345.00 (for the first two hours, which includes travel time to the property). Any additional time over Two (2) Hours will be billed at the hourly rate of \$155. **If the work is requested as a "RUSH", there will be an additional charge of \$100. Do you require rush services? Yes No**

If any additional time is required for client conferences, office computations or deed type research, there will be additional charges billed at an Hourly Rate of \$84. If we activate a project for scheduled work and you cancel prior to completion, there will be minimum charge of \$50 unless other work is performed.

We are required to ask if a plan is needed, which can be done for an additional fee of approximately \$300.00 in a modern day subdivision up to 1.0 acre (this is optional). **Do you require a plan with this survey? Yes No**

Do you require additional points on side or rear lines? Yes No

A copy of the deed must be acquired before the survey can be completed. If Merestone has to acquire the deed to complete the survey timely, a \$25.00 research fee will be included on the final invoice.

Do you need Merestone to acquire the deed for you? Yes No

All services are C.O.D. and require a credit card payment, unless otherwise arranged prior to services being performed. Only VISA and MASTERCARD are accepted. All fields are required. - Please note that a 2% surcharge will be applied to payments that are processed manually over the phone. To avoid this charge the credit card must be presented in our office.

Name on Card		Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Card No.	3 Digit Security Code	Expiration Date
Billing Address		
City	State	Zip

Signature: _____ Date: _____

****Please Note: The above is responsible for payment of services requested.**