

# REQUEST FOR PROPERTY CORNER STAKING

MERESTONE CONSULTANTS, INC.  
33516 CROSSING AVENUE, UNIT 1- LEWES, DE 19958  
(302) 226-5880  
INFO@MERESTONECONSULTANTS.COM

Client Name/Contact**			Date	
Phone Number	Email Address			
Billing Address		City	State	Zip
Notes/Contract No.				

Property Address		City	State	Zip
Subdivision (if applicable)	Block	Lot	Tax Parcel No.	

The minimum fee for Property Corner Staking Services is \$ [redacted]. Any field time over [redacted] hours will be billed at \$140 per hour. Any time expended for client conferences (in the field or otherwise), deed or record plan research or computations will be billed at an hourly rate of \$99. Unless existing markers are found, an 18" long x 1/2" diameter reinforcing bar (rebar) with a plastic cap (indicating our name) or other suitable marker will be placed at each property corner identified, as requested. A wood stake will be placed next to the rebar to witness its location. *If discrepancies/conflicts are found or sufficient evidence is not available to perform the necessary tasks, Merestone will inform you, the client, of those issues and attempt to provide the most appropriate solution(s).*

Do you require additional points along side or rear lines?

- No  
 Yes, please explain.

A drawing of our findings can be provided, IF REQUESTED, for \$ [redacted]. This service must be requested prior to field work or additional charges will apply.

Do you want a drawing of our findings?

- No  
 Yes

We request that you provide a copy of your deed. If Merestone obtains a copy of your deed, there will be an additional charge of \$30.

Do you need Merestone to acquire the deed for you?

- No  
 Yes

If the work is requested as a "RUSH", there will be an additional charge of \$200. Do you require rush services?

- No  
 Yes

If we activate a project for scheduled work and you cancel prior to completion, there will be minimum charge of \$75, unless other work is performed. Cancellation of any work is to be submitted in writing/email to our office.

\*Signature to Authorize Work/Charges: \_\_\_\_\_ Date: \_\_\_\_\_

*\*The above is responsible for payment of services requested.*

A retainer of \$ [redacted] is required to commence work.

To pay by credit card, you may enter your information below. A 3% fee will apply to all card payments when the card is not presented in our Wilmington office. To avoid this fee, please bring your card into our WILMINGTON office, or you may pay by check.

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