

Lot Consolidation Request Form

Owner Name(s):	
Section:	
Lot Numbers:	
Residence is complete?	
Residence Lot(s):	
Indicate any other details you think should be considered by the board in evaluating this request, (e.g.: location of well, septic, or evidence of a prior lot combination agreement):	
Owner Mailing Address:	
Owner Email Address:	
Owner Phone Number:	
 The Board has sole discr 45 days to respond from I have included a survey any planned improveme I agree to all provisions of provisions about assessing cast in the affairs of the listed above if my lots and agreement. 	equest I acknowledge the following: etion in determining whether lots may be consolidated and has a the date of receipt of this form and necessary documents. or scale drawing of my lots and improvements thereon and/or ents that accurate reflects existing or planned improvements. Of the Lot Consolidation Policy including but not limited to the ments and the provisions that reduce the number of votes I may association. I agree to cast only one vote in relation to the lots be granted a consolidation or acknowledgement of a prior
Signed	Date
Return this form with payment	of \$75.00 and any accompanying documents as follows:

Mail: Rayburn Country Association Hand Delivery:
PO BOX 5289 RCA Office 2376 Wingate Blvd, Brookeland
Jasper, TX 75951 **Do not mail to the Wingate address**