

Claimant(s):

Claim Boundaries:

Collection preference is decimal degrees, but will gladly accept any geographic coordinate format.

Federal Claim Number: \_\_\_\_\_

Claim Name: \_\_\_\_\_

1st Corner: \_\_\_\_\_

2nd Corner: \_\_\_\_\_

3rd Corner: \_\_\_\_\_

4th Corner: \_\_\_\_\_

Additional Corners (if needed):

DATUM: If different from the GPS default (WGS84)

Completed forms may be sent to:

Attn: Rob Brumbaugh, AK942  
Bureau of Land Management  
Alaska State Office  
222 W. 7th Ave #13  
Anchorage, AK 99513-7599

Federal Claim Number: \_\_\_\_\_

Claim Name: \_\_\_\_\_

1st Corner: \_\_\_\_\_

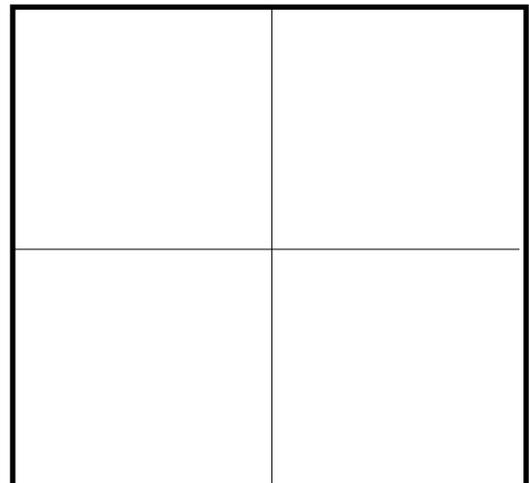
2nd Corner: \_\_\_\_\_

3rd Corner: \_\_\_\_\_

4th Corner: \_\_\_\_\_

Additional Corners (if needed):

You may use the section/quarter section diagram to draw a sketch if you need to.



Federal Claim Number: \_\_\_\_\_

Claim Name: \_\_\_\_\_

1st Corner: \_\_\_\_\_

2nd Corner: \_\_\_\_\_

3rd Corner: \_\_\_\_\_

4th Corner: \_\_\_\_\_

Additional Corners (if needed): \_\_\_\_\_

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Additional Corners (if needed): \_\_\_\_\_

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