

COLLECTION TRANSMITTAL FORM

NAME OF SUBMITTER _____ DATE _____

AFFILIATION _____

ADDRESS _____

TELEPHONE _____

PROJECT NAME (if any) _____

ARCHAEOLOGICAL CONSULTANT (if applicable): _____

DATE of COLLECTION (i.e., excavation) _____ NUMBER OF BOXES _____

PURPOSE: ☐ AVOCATIONAL ☐ COMPLIANCE ☐ RESEARCH

TYPE: ☐ SURFACE COLLECTION ☐ PHASE I ☐ PHASE II ☐ PHASE III ☐ SURVEY ☐ OTHER _____

SITE NUMBERS (include LOT NUMBERS used) _____

NUMBER OF ARTIFACTS PER SITE _____

NAME/ADDRESS OF LANDOWNER(S) _____

☐ YES ☐ NO ARTIFACTS WERE RECOVERED AS A RESULT OF ARCHAEOLOGICAL INVESTIGATIONS REQUIRED BY COUNTY CODE, UNDER ARTICLE 17, SECTION 6-502

IF YES, SUBDIVISION/PROJECT/PERMIT NUMBER (S) _____

PROJECT NAME: _____

FOR AACo LAB USE ONLY

DATE RECEIVED _____ RECEIVED BY _____

☐ ACCESSION ENTERED [ACCESSION NO. _____]

☐ DEED OF GIFT/DONATION FORM

☐ CD WITH DIGITAL COPY OF ARTIFACT CATALOGS, ARTIFACT BOX INVENTORY

☐ ACKNOWLEDGEMENT OF RECEIPT FORM SENT/COPIED DONATION FORM

BOX CONTROL NOS.: