

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.: