



**COLLECTION TRANSMITTAL FORM**

OFFICE OF PLANNING AND ZONING  
CULTURAL RESOURCES DIVISION  
2664 RIVA ROAD, P.O. BOX 6675  
ANNAPOLIS, MARYLAND 21401

NAME OF SUBMITTER \_\_\_\_\_ DATE \_\_\_\_\_

AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PROJECT NAME (if any) \_\_\_\_\_

ARCHAEOLOGICAL CONSULTANT (if applicable):  
\_\_\_\_\_

DATE COLLECTION ORIGINATED/ACQUIRED \_\_\_\_\_ NUMBER OF BOXES \_\_\_\_\_

TYPE OF PROJECT: AVOCATIONAL COMPLIANCE RESEARCH

INVESTIGATION TYPE: SURFACE COLLECTION PHASE I PHASE II PHASE III SURVEY SALVAGE  
OTHER \_\_\_\_\_

SITE NUMBERS (include LOT NUMBERS used) \_\_\_\_\_

NUMBER OF ARTIFACTS PER SITE \_\_\_\_\_

NAME/ADDRESS OF LANDOWNER \_\_\_\_\_

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

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 OFARTIFACT CATALOGS, ARTIFACT BOX INVENTORY

ACKNOWLEDGEMENT OF RECEIPT FORM SENT/COPIED DONATION FORM

BOX CONTROL NOS.: