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| **Section 1.** **Applicant Information** | | |
|  | a. ASM Job No.: |  |
|  | b. Date: |  |
|  | c. Institution: |  |
|  | d. Address: |  |
|  | e. City, State, Zip Code: |  |
|  | f. Contact Phone: |  |
|  | g. Contact Name: |  |
|  | h. Contact Email: |  |

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| **Section 2. Project Information** | | |
|  | a. Project Name: |  |
|  | b. Project No.: |  |
|  | c. Project Director: |  |
|  | d. Project Director Phone: |  |
|  | e. Project Director Email: |  |
|  | c. Project Proponent: |  |

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| **Section 3. Project Description:** |
| *Briefly describe the proposed actions. Include: a description of the project, summary of archaeological impacts, and details of field and lab methods to be used for the recovery and documentation of remains. Providing a separate document as an attachment is acceptable.* |

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| **Section 4. Please Note:** |
| 1. This is not a standalone document. Attach completed form to a *Burial Discovery Agreement Application* and provide other materials as requested on the application and in the instructions. 2. Attach a 7.5-minute USGS topographic map at 1:24,000 scale, neither enlarged nor reduced, depicting project area and sites being investigated. |