



Archaeology Assessment Request

Project Name: _____ **Cost Center or CIP No.:** _____

Project Type: _____

Project Components: _____

Project Manager: _____ **Phone No.:** _____

City Department(s): _____

Project Consultants: _____

Location (T/R/ 1/4 Sec or major streets): _____

Land Ownership for all Project Components (specify department, etc.):

Private: _____

City of Phoenix: _____

State of Arizona: _____

Federal: _____

Permitting or Funding Agencies (specify):

Maricopa County: _____

State of Arizona: _____

Federal: _____

Other: _____

Anticipated Construction Schedule:

Subsurface Excavations (grading, trenching, etc.): _____

Other: _____

Extent of Construction Activities:

Anticipated depth of disturbance below present ground surface: _____

Length and width of ground surface disturbance: _____

Utility Trenches (types): _____

Other: _____

Print Name: _____

Signed: _____

Date: _____