

City of Phoenix
S'edav Va'aki Museum Archaeological Repository
Request for Repository Agreement

Fields highlighted in red are required.

Date: _____

Archaeological Consultant: _____

Firm Project Number: _____

Project Name: _____

Project Location

Address: _____

Township & Range: _____

Project Type: _____

(Monitoring, Testing, Data Recovery)

SVM Archaeology Project Number: _____ N/A

(Assigned by the CAO)

Sponsor

City Sponsored Department Name: _____

Private Private Sponsor Name: _____

Project Inside City Limits

Project Outside City Limits

Land Ownership

City Private Other: _____

Will this project receive an AAA project specific permit? Yes No

Site Number/Name: _____

Is this project inside site boundaries? Yes No

Is this project outside site boundaries, but in CAO buffer zone? Yes No

Comments

Please email completed form to svmcollections@phoenix.gov
If you have an Archaeology Assessment Result from the CAO, please attach it to the email.