



Archaeological Services – Conservation Treatment – Pre-excavation

Personal Information

Miss Mrs. Ms. Mr. Dr.

First Name: _____

Province/State: _____

Last Name: _____

Country: _____

Organization: _____

Postal/Zip code: _____

Title/Position: _____

Web Site: (if applicable): _____

Address: _____

Telephone: _____

Fax: _____

City: _____

E-mail: _____

Organization Type (see Client Categories on the CCI Web site): _____

Request Information

Artifact owner / custodian / repository information: _____

Province / Territory issuing permit: _____

Site – Site name: _____ Borden number: _____

Type of site (Thule, Dorset, Fur-trade, etc.): _____

Site date: _____ Permit holder: _____

Names and titles of other field research members: _____

Names of research affiliates (e.g. Band Council, consulting scientists, university or museum staff including conservators, collections managers, technicians, etc.): _____

Date of field season: _____ Estimated number of artifacts: _____

Materials likely to be recovered (e.g. bone, ivory, wood, metal (iron, copper, lead), skin, leather, textile, etc.):

Environment of site: dry wet waterlogged submerged frozen

other (please specify): _____

Other (please list any factors that may affect the conservation of material from this site; this could include an expectation of large or heavy artifacts, unusual soil conditions that would affect preservation, unusual materials such as rubber or plastics, etc.): _____



Archaeological Services – Conservation Treatment – Pre-excavation (con't.)

Request Information (con't.)

Project Details

Project description (aims and objectives of project): _____

Relevant publications/reports/Web sites: _____

Significance

What is the significance of the site? (Attach copies of pertinent literature or documentation.) _____

Purpose of Request

Describe the anticipated benefits and uses of this treatment: _____

Key Request Dates

Requested completion date: _____

You may attach supporting documents or images