

**City of Phoenix**  
**Pueblo Grande Museum Archaeological Repository**  
**Project Information Form**

Administrative Information (if not applicable leave blank)  
Required fields highlighted in red.

Archaeological Consultant: \_\_\_\_\_

Firm Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location (address): \_\_\_\_\_

Project Location (township/range): \_\_\_\_\_

Project Type: \_\_\_\_\_

(monitoring, testing, data recovery)

City Archaeology Number (PGM Number): \_\_\_\_\_

Sponsor: \_\_\_\_\_

Land Owner: \_\_\_\_\_

AAA Permit Number: \_\_\_\_\_

ASM Accession Number: \_\_\_\_\_

Site Numbers:

Principle Investigator: \_\_\_\_\_

Project Director: \_\_\_\_\_

Laboratory Director: \_\_\_\_\_

Fieldwork Dates: \_\_\_\_\_ to \_\_\_\_\_

Date Final Report approved by City Archaeology Office: \_\_\_\_\_

Collection Information  
(if not applicable leave blank)

How many boxes of artifacts/specimens? \_\_\_\_\_

How many linear inches of paper files? \_\_\_\_\_

How many gigabytes of digital data? \_\_\_\_\_

How many photographs? \_\_\_\_\_

How many oversized folders? \_\_\_\_\_

What artifact materials are included (check all that apply):

Prehistoric Objects	Historic Objects			
Ceramic	Stone	Shell	Bone	Glass
Metal	Plastic	Other	_____	

Materials used for labeling and treatment:

What types of samples are included (check all that apply):

Radiocarbon	Archaeomagnetic	Tree Ring	Soil
Botanical	Faunal	Other	_____

Did the project encounter human remains? Yes No

If yes, to whom were the human remains repatriated and on what date?

Has the faunal collection been reviewed for human remains by a bioarchaeologist?  
Yes No N/A

Are there any human remains, funerary objects, or sacred objects that have not been repatriated? Yes No

If yes, please explain:

Are there any other artifacts or specimens that have been released to another entity? Yes No

If yes, who received them and what was the date?

Any additional information about the collection?