

City of Phoenix
S'edav Va'aki Museum Archaeological Repository
Request for Repository Agreement
(if field isn't applicable leave blank)

Archaeological Consultant: _____

Firm Project Number: _____

Project Name: _____

Project Location (address): _____

Project Location (township/range): _____

Project Type: _____ **If other,**
please explain: _____

City Archaeology Number (SVM or PGM Number): _____

Is this project inside the City of Phoenix limits?

Sponsor

City Sponsored City Department Name _____

Non-City Non-City Sponsor Name _____

Land Ownership

City Private Other

Will this project receive an AAA project specific permit?

Site Number/Name:

Is this project inside site boundaries?

Is this project outside site boundaries, but in CAO buffer zone?

Does the area of potential effect include a projected canal?

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.