

INTENT TO DEPOSIT FORM
West Virginia Archaeological Curation Facility

*Please complete this form for each site intended for submission to the repository
and provide a copy of the contract, grant or research design (excluding the budget)*

Site No. _____ Site Name _____

Site Location: _____

Individual or agency responsible for curation costs:

Name _____

Institution _____

Address _____

Project Name _____

Project or Contract No. _____

Status of Legal Ownership _____

Cultural time span expected for the site _____

Types of artifacts and materials expected to be collected _____

Levels of documentation expected for the site _____

Volume of material expected to be collected _____

Planned extent of artifact preparation, preservation, or conservation _____

Complete bibliographic reference _____

Intent to Deposit Form
Page 2

Site No. _____
Site Name _____

Other _____

Send curation invoice to (fill in only if different than the address listed above):

Name _____
Institution _____
Address _____

Form completed by _____ Date _____
Position _____ Agency _____

For Archaeological Collections Facility Use Only

Form received by _____ Date _____
Position _____ Agency _____

Request reviewed by Collections Committee on (date) _____

Requestor notified of decision on (date) _____