

COLLECTION AND RECORD TRANSMITTAL FORM
Maryland Archaeological Conservation Laboratory
Jefferson Patterson Park and Museum
Maryland Historical Trust

NAME _____ DATE _____

AFFILIATION _____

ADDRESS _____

TELEPHONE _____

SPONSOR OF INVESTIGATION _____

PROJECT NAME _____

DATE COLLECTION ORIGINATED/ACQUIRED _____

SOURCE OF COLLECTION (e.g., survey, excavation, etc.) _____

NUMBER OF BOXES OF ARTIFACTS _____ NUMBER OF BOXES OF RECORDS _____ LINEAR FEET OF RECORDS _____

SITE NUMBERS (LOT NUMBERS) _____

NUMBER OF ARTIFACTS PER SITE _____

NAME/ADDRESS OF LANDOWNER _____

TYPES OF MATERIALS _____

RELATED REPORTS _____

RELATED ASSOCIATED RECORDS AND PHOTOGRAPHS (describe) _____

SPECIAL REMARKS/COMMENTS _____

FOR MAC LAB USE ONLY

ACCESSION NO. _____

DATE RECEIVED _____

RECEIVED BY _____

STATE OWNERSHIP

FEDERAL OWNERSHIP

DEED OF GIFT

QUITCLAIM DEED OF GIFT

LETTER OF TRANSFER

MOU FOR STATE HIGHWAY ADMINISTRATION COLLECTIONS

BOX CONTROL NOS.: _____