

Request for Curation Form

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Project Information

Collection Name Brief Description of Collection

Project Area

State and County(ies)

Official Site Number(s)

Contract Type One Time Fee 10-Year Renewable Other

Permit(s)

or other approvals (attach if applicable)

Estimated Date of Delivery (to the Waring Laboratory)

Expedite* If yes, Requested Completion Date

*increased rate applied with expedited curation services

Collection Information

Has the Project Been Completed? Yes No Estimated No. of Boxes: Artifact Document

complete Collection Summary Form 15"x12.5"x10" Other

Material Types

ex: lithics, metal, bone, etc

Legal Owner of Collection

Please include: Agency Name, Contract Name and Title, Mailing Address, and Telephone Number

Person Requesting Curation

Name and Title Affiliation Mailing Address

Telephone Email

Person Authorized to Sign Curation Contract

Name and Title Affiliation Mailing Address

Telephone Email

Principal Investigator Information

Name and Title Affiliation Mailing Address

Telephone Email