

PROJECT REVIEW FORM

Instructions to complete the form –

Please ensure that all the fields listed with an asterisk (*) are completed before you submit your request as they are mandatory and comprise the minimum information needed for us to fulfill your request.

This is a fillable document. After completing this form, you can either save it and send it to us electronically, or you can print it, and then scan the completed form and send it to us electronically.

When you are about to send us the completed form, please feel free to add additional attachments like photos, documents etc. that are complimentary to this request.

After completing this form please send your request to: MIAC.culturalresources@state.mn.us

Data Dictionary of the form fields

Project Name – The user can add a project name for the requested review. Example: Mounds Review, Historic Property Review etc.

Project ID – The user can create a unique identifier by which MIAC &/or OSA can communicate back to the user regarding their submitted request. Example: Mounds123, HPP789 etc.

Reason for Review – The user can add the reason they are submitting the review request.

Review Type – What is the type of review you are requesting.

Funding – If there is any funding attached to your request, please mark the appropriate selection.

Organization Name – If you are associated with an organization on whose behalf you are sending this request.

Submitting Organization Type – Please select the organization type you are associated with.

Project Description – Please write a detailed description of the project you would like reviewed.

Site Numbers – If you consulted the [State Archaeologist portal](#) and your proposed project intersected any sites add the site numbers as part of your request.

County – Please add the County(s) where the project is located.

Background Research Done – If you consulted any of the systems before sending this request.

Known Resources Adjacent to Review Area – If you are aware of any known cultural resources adjacent to your project area, please mark the selection(s) appropriately.

Additional Information – If there is any other additional information, you want us to know for us to work on your request.

Location Information (PLSS) – Please add the Township, Range, Range Direction, Section for the project you are wanting us to review [Complete this or Location Information (Project Address) if PLSS is not known].

Location Information (Project Address) – If PLSS is not known for your project, enter the project's address here.

Requested By – Name of the person submitting this request [this will be used for communication purposes only].

Requestor's Email Address – Valid email of the person submitting the request [this will be used for communication purposes only].

Requestor's Phone Number – Phone number of the person submitting the request [this will be used for communication purposes only].

Requestor's Physical Address – Physical address of the person submitting the request [this will be used for communication purposes only].

Attachments - Please add any pertinent photos, maps, documents etc. to accompany your request.

REVIEW INFORMATION

1. **PROJECT NAME*:** Click or tap here to enter text.
2. **PROJECT ID:** Click or tap here to enter text.
3. **REASON FOR REVIEW*:** Click or tap here to enter text.
4. **REVIEW TYPE*:** Choose an item.
5. **FUNDING*:** Choose an item.
6. **ORGANIZATION NAME:** Click or tap here to enter text.
7. **SUBMITTING ORGANIZATION TYPE:** Choose an item.

PROJECT INFORMATION

8. **PROJECT DESCRIPTION*:** Click or tap here to enter text.
9. **SITE NUMBERS** (Can add multiples by separating numbers out with a comma): Click or tap here to enter text.
10. **COUNTY***(Add multiples by separating names out with a comma): Click or tap here to enter text.
11. **BACKGROUND RESEARCH DONE:**
 - OSA Portal Query
 - MnDOT GIS
 - MnModel
 - Legacy Historic cemeteries
12. **KNOWN RESOURCES ADJACENT TO REVIEW AREA:**
 - Cemeteries
 - Burials
 - Archaeological Sites
13. **ADDITIONAL INFORMATION:** Click or tap here to enter text.

LOCATION INFORMATION* (If there are additional PLSS entries, please add a continuation sheet)

14. LOCATION INFORMATION (Complete this or Project Address if PLSS is not known):

PLSS - Township:	Range:	Range Direction (E or W):	Section:
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PLSS - Township:	Range:	Range Direction (E or W):	Section:
PLSS - Township:	Range:	Range Direction (E or W):	Section:
PLSS - Township:	Range:	Range Direction (E or W):	Section:
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PLSS - Township:	Range:	Range Direction (E or W):	Section:

15. ADDRESS (if PLSS is not known, please enter your project address):

- Address Line 1: Click or tap here to enter text.
- Address Line 2: Click or tap here to enter text.
- City: Click or tap here to enter text.
- State: Click or tap here to enter text.
- Zip Code: Click or tap here to enter text.

REQUESTOR INFORMATION

16. REQUESTED BY*: Click or tap here to enter text.

17. REQUESTOR'S EMAIL ADDRESS*: Click or tap here to enter text.

18. REQUESTOR'S PHONE NUMBER: Click or tap here to enter text.

19. REQUESTOR'S PHYSICAL ADDRESS:

- Address Line 1: Click or tap here to enter text.
- Address Line 2: Click or tap here to enter text.
- City: Click or tap here to enter text.
- State: Click or tap here to enter text.
- Zip Code: Click or tap here to enter text.

ATTACHMENTS

Please add any pertinent photos, maps, or documents that are complimentary to the request which would assist us in fulfilling your request.

You can add attachments when you send this request electronically.