

Permission to Access Property for Archaeological Investigations and to Collect Material / Artifact Samples

Thereby grant permission to the researcher.
(Name of Contracting Archaeology Research Organization)
to access my property in TN, RE/W, Section,
Town of:
for the purpose of conducting archaeological investigations for the project:
(Name of the project)
for:

I hereby grant nermission to the researcher.

I agree that the samples of artifacts, cultural debris, soil and/or rocks and corresponding notes and documentation may be removed from my land. I understand that these materials will become the property of the State of Minnesota after the Archaeology Research Organization has performed analysis, including destructive testing and laboratory sampling, and that they will be handled in accordance with the Minnesota Historical Society's collections policy. Additionally, I agree that any related samples of archaeological materials previously collected from my land will also become the property of the State of Minnesota. I understand that the Archaeology Research Organization named above will refill all excavations.

The investigations will be concentrated in areas within the project boundaries defined by the Contracting Agency / Firm. However, some investigation may also be performed beyond this area in order to determine the extent and condition of any archaeological remains encountered, as indicated on the attached map.

Personnel conducting the investigations are staff and crew of the Archaeology Research Organization named above, and any consulting specialists working under contract with the Archaeology Research Organization, which provides coverage for general liability and worker's compensation.

The investigation will take place between		
(Signature of property owner)	(Date)	
(Name of the property owner. Please print)	-	
(Signature of Archaeology Research Organization repres	sentative)	(Date)
(Name of representative. Please print)	_	
Accession number: Site name:	_	
Site number:		
Project ID number:		