



Request for Curation Services

Burke Museum of Natural History and Culture, University of Washington, Box 353010, Seattle, WA 98195-3010
Phone: 206-543-7696 Fax: 206-685-3039 Email: anamgorm@uw.edu

CR-_____ Museum Use Only

Project Name:

Project Sponsor:

Project Area/County(ies):

Site Number(s):

Type of Investigation: Monitoring Surface Survey Subsurface Testing Data Recovery Other

Dates of Investigation:

Date of Expected Transfer to the Burke:

Consulting Archaeologist Business Name:

Project Contact:

Contact Title:

Address:

Phone:

Email:

Landowner/Controller Business/Agency Name:

Landowner Contact Name(s):

Contact Title:

Address:

Phone:

Email:

*If there are multiple landowners, please attach full contact information for each landowner to this form. Accurate landowner names, addresses, and contact information are essential for eventual transfer of collection ownership.

Will specimens be:

- *held in trust by the Burke Museum?
- *retained by the landowner?
- *deeded to the Burke Museum?
- *curated elsewhere?
- reburied?

*Materials held in trust require a contract between the Burke and the landowner/controller before physical transfer to the Burke.

If specimens will be curated elsewhere, where will they be sent?

If any specimens will not be curated at the Burke for any reason, please briefly describe how specimens will be documented in archival materials to be curated at the Burke.



***Will you request that accessioning fees be directly invoiced to landowners, project sponsors, or any entity which is not a direct signatory to this agreement?**

Yes No

*If "Yes", a signed letter from the invoicee agreeing to make payment must be furnished before collection transfer to the Burke.

Estimated number of archive boxes: _____ *(Standard archival boxes are 12"L x 10"H x 5"W.)*

Estimated number of specimen boxes: _____ *(Standard specimen boxes are 16"L x 12.5"W x 10"H.)*

Estimated number of oversize objects: _____ *(Attach list of items and dimensions if known.)*

Comments (any other pertinent information):

Acknowledgement of Services

I, the Principal Investigator for this project, acknowledge that all project collections and records will be prepared according to the requirements specified in the Burke Museum Curation Guidelines, available online and by request. I further acknowledge that, barring any direct agreement between the Burke and my clients, I will be invoiced for standard Burke Museum curation fees after transfer of specimens and archives to the Burke; current fees will be furnished upon request. I agree to contact the Burke Museum at least two weeks prior to transferring the records and collection to the Burke Museum.

(Principal Investigator Signature)

(Date)

(Principal Investigator Name)

(Title)

(Phone)

(Email)

Please return signed and completed form to:

Jack Johnson
Burke Museum
University of Washington
Box 353010
Seattle, WA 98195-3010

Email: anamgorm@uw.edu
Phone: 206 543 7696
Fax: 206 685 3039

Below this line for Museum use only

Curation Approved _____ **Curation Denied** _____

(Burke Museum Representative)

(Date)

(Printed Name)

(Title)