

Request for Assistance Regarding Native American Human Remains

Date of Call: _____

County: _____ Coroner Case # _____

Site # _____

Name of Person Reporting: _____

Organization: _____ Type: _____

Address: _____ Phone # _____

Date of Find: _____ Burial # (if available): _____

New Discovery: _____ Update: _____ Update Date: _____

Description of remains: _____

Lead Agency: _____

Project Name: _____

Project Location: _____ City: _____

Developer/Property Owner: _____

Phone # _____ Monitor on site? Yes _____ No _____

Monitor: _____ Phone # _____

MLD Tribe: _____

MLD: _____ Phone # _____

Date MLD Contacted: _____ Remains Held: _____

Final Disposition: _____ Disposition Date: _____

Comments: _____
