Under the authority of the Apsáalooke Tribe Cultural Resource Protection Act of 2005 (CLB05-17) The CTHPO is to identify, evaluate and protect cultural resources both historic and archaeological, by regulating undertakings upon protected lands (Standard fee of $400.00 unless agreed upon in writing with the director of the CTHPO).

This form along with supporting documentation must be provided to the Crow Tribal Historic Preservation Office (CTHPO) for any ground disturbance or the potential effect to cultural resources and heritage. This form is to notify the CTHPO of the undertaking. When this form is filled out and turn into CTHPO a member of the archaeological team will conduct an onsite assessment of the project area. The applicant must address any comments or concerns of the CTHPO.

Applicant Name:
Address:

Contact Name:
Phone Number:
Date of request:

Project Name and Location Description (Address with legal description):

Number of Monitors determined by CTHPO Director: ________________

Detailed description of proposed project:

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
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________________________________________
Additional required information:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Requester: ________________________________________________

Date: ______________________________________________________________

Request form is invalid without signature

CTHPO use only (Below this line):

Cultural Clearance/Permission to Proceed: [ ] Yes [ ] No

CTHPO use only: ______________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

CTHPO Director: __________________________ Date: _______________________

Request form is invalid without CTHPO signature