

ARCHEOLOGICAL SITE TRINOMIAL NUMBERS

DATE: _____

NAME OF PERSON REQUESTING NUMBERS: _____

AFFILIATION OF PERSON REQUESTING NOS. (name, address, and phone # of individual/agency/society: _____

E-MAIL _____ FAX _____

PROJECT NAME: _____

PROJECT NUMBER: _____

DATUM USED: _____

(TARL and the Atlas use the 1927 datum.)

PROJECT DESCRIPTION (e.g., survey of 1000 acres) _____

****If the site is a revisit, please check off the revisit box below.***

TRINOMIAL NUMBER (leave blank)	FIELD SITE NO.	*RE-VISIT	Co.	USGS QUADRANGLE MAP NAME	USGS QUAD No.	UTM CENTROID (Zone)	Adjusted UTM
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N
						E N	E N

