



650 W. Washington St., Indianapolis, IN 46204

ISMHS Intent to Curate

This form can be submitted if the Depositor is requesting a Letter of Intent to Curate from the ISMHS.

The responsible part of _____, referred to as the Depositor,
(person/s, company, or agency)
intends to curate this project, identified as _____ with the
(Project/Report Number/Name used by Depositor)
Indiana State Museum and Historic Sites Corporation (ISMHS) upon completion of investigation.

The Depositor will receive a copy of the *Handbook for the Curation of CRM Archaeological Acquisitions at the Indiana State Museum and Historic Sites Corporation* provided by the ISMHS to help them prepare the materials for future curation. Upon completion of investigation, the Depositor will complete a *Curation Agreement Form*, and follow the requirements laid forth in the *Handbook*.

Printed Name: _____ (representative of the Depositor)

Signature: _____ Date: _____

Name of Depositor: _____

Address: _____

Phone: _____

Email: _____

Project Description: _____

Project UTM Designation: _____

Estimated Amount of Material: _____; Estimated Storage Space: _____