

Sisseton Wahpeton Oyate
Tribal Historic Preservation Office
Archaeological Survey Permit

Permit - \$100.00

Permit Number:

Applicant (Individual or Entity)

Name:

Designated Contact

Name:

Title:

Physical Address:

Mailing Address:

Contact Information

Telephone:

Fax:

Email:

Purpose of Work:

Beginning Date: _____ Ending Date: _____

Location of Work:

Legal Description:

Planning & Supervision of fieldwork

Name/Title of Principle Field Contact:

Phone:

Name/Title of Secondary Field Contact:

Phone:

I attest that the above information is correct and true.

Signature of Applicant:

Date:

Archaeological Permit

(GRANTED) (DENIED) on this

_____ day of _____, 200_____.

THPO Office

Date

*Every part of this Earth is
sacred to my people. We are
part of the Earth and
it is part of us.
~ Chief Seattle, 1854*