

Chippenham Museum



Deposition of Archaeological Archive Form

Site Details:	Chippenham Museum Number:	CHIYH 2020	
	Site name		
	Site Code (if different from SM&AG accession number)		
	Site Address		
	Parish		
	Co-ordinates		
	Other reference number (e.g. project or account code)		
Depositor Details	Company Name		
	Address		
	Main contact		
	Email		
Land Owner/Occupier Details (individual or company with legal ownership of material archive)	Name		
	Address		
	Main contact		
	Email		
Start Date		End Date	
Requested deposition period (please specify preferred dates/period and we will try to accommodate where possible):			
Number of boxes of:			
Documents		Bulk finds	Small finds
Number of boxes of material needed special attention:			
Human Remains		Waterlogged material	Other

<p>Please provide a summary of the project, including the period and type of archaeology covered (this may be a copy of the report summary if appropriate):</p>	
<p>Please provide a statement of significance and future potential, taking into account any relevant research frameworks (this may be copied from specialist reports if appropriate):</p>	
<p>Any other relevant site information:</p>	