A Re-Visitation Form can only be used when a Management Data Form and component forms have been previously filed with the land managing agency and/or the Colorado Office of Archaeology and Historic Preservation and no substantive changes to the character of the site are required as a result of the current re- visitation. Please use the Management Data Form and supporting forms (archaeological component, linear, vandalism, etc.) when changes are required to:

- Site type
- Linear resources
- Additional artifact assemblages and/or features
- Boundary size
- Vandalism
- NRHP recommendations

1. Resource Number: 

2. Temporary Resource Number: 

3. Resource Name: 

4. Project Name/Number: 

5. Government Involvement: 

6. Site Categories: (Check as many as apply)
   - Prehistoric:  
     - Archaeological site
     - Paleontological site
     In existing National Register District?  Yes  No  Name:  
     Local Landmark?  Yes  No  Name:  

   - Historic:  
     - Archaeological site
     - Building(s)
     - Structure(s)
     - Object(s)
     In existing National Register District?  Yes  No  Name:  
     Local Landmark?  Yes  No  Name:  

7. Owner(s) Name and Address: 

8. Was the site relocated?  Yes  No  If no, why? (100% collected in previous recording, ground disturbance, etc.) 

9. Previous recordings: 

10. Most recent National Register Eligibility Assessment:  

11. Listed on Register:  
   - National
   - State
   - None

12. Condition (describe): 

13. Threats to Resource:  
   - Water Erosion
   - Wind Erosion
   - Grazing
   - Neglect
   - Vandalism
   - Recreation
   - Construction
   - Other (specify): 

14. Existing Protection:  
   - None
   - Marked
   - Fenced
   - Patrolled
   - Access controlled
   - Other (specify): 

15. Recorder’s Management Recommendations:
Cultural Resource Re-Visitation Form

Resource Number: Temporary Resource Number:

16. Known Collections, Reports, or Interviews:

17. Site Description/Update:

18. Photograph Numbers:
   Digital files at:

19. Artifact and Field Documentation Storage Location:

20. Report Title:

21. Recorder(s):
   Date:

22. Recorder Affiliation:
   Phone Number/Email:

Note: Please attach a sketch map, a photocopy of the USGS quad. map indicating resource location, and photographs.

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