OAS File Search ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OAS 3e

Page 1

01/12/2023

**OKLAHOMA ARCHEOLOGICAL SURVEY**

**University of Oklahoma, 111 E. Chesapeake Street, Norman, OK 73019-5111**

**405.325.7211** • **fax: 405.325.7604** • **email:** **oascap@ou.edu**

***Fill out one form for each project for which you are requesting access to OAS records.***

**Part 1: Project Information**

**Date of Request (mm/dd/yyyy):**

**County(ies):**

**USGS Topographic Quadrangle(s):**

**PLSS Coordinates/Legal Description (attach additional coordinates on separate sheet if necessary):**

¼, ¼, ¼:       Township:

Section:       Range:

**Project Description:**

**Firm or Institution:**

 **Address:**

**Principal Investigator:**

**Lead Agency:**

**Sponsor/Client:**

**Part 2: Request for OAS Site and Survey Information**

**Reason for Request:**

 [ ]  CRM Project [ ]  Contract bid/Proposal [ ]  Research [ ]  Educational

Other (specify):

**Indicate data being requested:**

[ ]  OAS-Conducted File Search using OASIS-AOI (fee: $250/project; additional per-hour fees assessed for particularly large or complicated projects; must provide .shp file, .kmz file, or map of APE)

[ ]  In-person access to USGS topographic maps with OAS data

[ ]  \*Access to digital site forms for sites within the project Area of Potential Effect (APE)

[ ]  \*Access to digital site forms for sites within 1-mi buffer area around project APE

[ ]  In-person access to survey cards for other projects within the APE and buffer area

[ ]  Other (specify):

**\*If requesting access to digital site forms**, please specify the site(s) below. Attach an additional sheet if necessary. A fee of $1 per digitally reproduced site form will apply.

**Sites within the project APE:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**Sites within 1-mile buffer around the project APE:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

OAS File Search ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OAS 3e

page 2

01/12/2023

**Billing:** How will you pay for applicable fees? (Note: failure to pay fees in a reasonable time may result in delays for the current or future data request(s))

[ ]  Cash

[ ]  Check

[ ]  Credit card ([online](https://market.ou.edu/C20233_ustores/web/store_main.jsp?STOREID=320&SINGLESTORE=true))

**Additional Project Information:**

**Part 3: Confidentiality Agreement**

The undersigned acknowledges receipt of Oklahoma Archeological Survey (OAS) confidential site information for the Project identified in Part 1, and is aware of the confidential nature of the information being provided, and takes complete responsibility for this information to avoid unauthorized use or duplication. **Confidential Information obtained from the OAS is to be used only for the project identified above, and any other use of the information is a violation of the Non-Disclosure of Confidential Information.**

**Confidential Information.** The term “Confidential Information” shall mean any and all information, data, and maps, technical or non-technical, written or printed or photocopied or stored electronically or on magnetic media provided by or obtained from the Oklahoma Archeological Survey.

**Non-Disclosure of Confidential Information.** The individual designated below, with her/his principal place of business designated in Part 1, together with its affiliates (a) shall use reasonable care and discretion to prevent disclosure, publication, or dissemination of the OAS Confidential Information that has been provided to such party; and (b) shall not use, reproduce, distribute, disclose, or otherwise disseminate the Confidential Information that has been provided to such, except (i) to evaluate and perform the Project and (ii) as required to be disclosed by a government agency or by operation of law.

**As Principal Investigator of this project, I have read and agree to the Non-Disclosure of Confidential Information.**

**PI Signature**

PI Name and Title:

PI Telephone, Email:

(Optional) One designated representative working under the direction of the PI who requires access to the requested data\*\*, Name/Email:

\*\*Please be aware that access is non-transferable and can only be granted by OAS.

**OAS Use Only**

Date Request Received:       Date Payment Received, if applicable:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff:       Date Request Filled:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_