

# Archaeological Assessment Services (AAS)

## Screening Request Form



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### General information

Date of request: [Click here to enter text.](#)

Name of organization (if applicable): [Click here to enter text.](#)

Contact name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#)

Province/state: [Click here to enter text.](#)

Postal code/zip code: [Click here to enter text.](#)

Phone number: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

### Type of request

Type of project: [Choose an item.](#)

Identify other: [Click here to enter text.](#)

Project name (if applicable): [Click here to enter text.](#)

Project file number (if applicable): [Click here to enter text.](#)

Anticipated start date: [Click here to enter text.](#)

### Location of project

Municipality: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Legal description: [Quarter: Choose an item.](#) [Other: Click here to enter text.](#) [LSD: Click here to enter text.](#)

[Section: Click here to enter text.](#) [Township: Click here to enter text.](#) [Range: Click here to enter text.](#) [Choose an item.](#) [PM](#)

Nearest settlement/community: [Click here to enter text.](#)

Current land owner: [Click here to enter text.](#)

### Project description

*Please provide a brief description of your project below. Identify how heritage site locations will be utilized/incorporated into your project (if applicable). Please include relevant supporting documentation (e.g., figures, maps, photographs).*

[Click here to enter text.](#)