TRIBAL HISTORIC PRESERVATION REVIEW WORKSHEET

Wisconsin Department of Transportation

I. PROJECT INFORMATION

Project ID	Highway/Street	County
Project Termini		
Township(s)	Township/Range	Sections

II. SOURCES REVIEWED

__Tribal Site Inventory	__ Oral History	__ Other	__ Other	__ Other

III. CULTURAL RESOURCES

Summary

__ **No** site reported in APE

__ **No** site reported within 1 mile of APE

__ **Yes** site reported in APE

__ **Yes** site reported outside of APE but within 1 mile

__ Additional consultation requested

Identified Sites *(continuation sheet on reverse side)*

SITE: Tribal Designation or State Site No. (47xx-xxxx)	Description	Burial/cemetery			Archaeological or historic site	Site of religious or cultural importance	Documentation attached	Confidentiality requested*
		Federal land	Tribal land	Ancestral land				
		__	__	__	__	__	__	__
		__	__	__	__	__	__	__
		__	__	__	__	__	__	__
		__	__	__	__	__	__	__
		__	__	__	__	__	__	__
		__	__	__	__	__	__	__

Research conducted by:	Date:

**Confidentiality:* *Tribes may consider information regarding the description or location of certain properties with religious or cultural significance as sensitive cultural information. FHWA and WisDOT agree and believe that this information falls under, and therefore its confidentiality is protected by, Section 304 of the National Historic Preservation Act of 1966, as amended, 16 U.S.C. 470-470w-6, as implemented in 36 CFR 800.11.*

Treaty rights and preservation of jurisdiction*: This form is intended to help WisDOT identify sites that might be affected by the proposed project, and the signature below is requested to confirm that the information was collected in accordance with Tribal policy. Submission of the completed form does not alter WisDOT's responsibility to comply with all pertinent laws and regulations, nor does it in any way cede or alter the Tribe's existing jurisdiction.*

I hereby certify that this historic preservation review was done in accordance with Tribal policy:

Name of Tribal Expert *(please print)*	Signature of Tribal Expert	Date
Name of Tribe or Firm: *(please print)*	Signature of THPO	Date

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Additional information or comments: