

PALEONTOLOGICAL RESOURCE SITE FORM

Project Name _____ Date _____

UTM Zone _____ NAD _____, _____ mE
_____ mN

Collector _____

Locality # _____

Site # _____

Geologic Unit ID _____

Rock Type _____

Marker Bed/Strat Horizon _____

County _____ State _____

Land Ownership _____

Fossil Type _____

Fossil ID in Field _____

Photo #(s) _____

Remarks _____

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