

## MONTANA STATE-OWNED HERITAGE PROPERTY REPORTING FORM

**Property Number** (e.g 24YL0001): \_\_\_\_\_ (Smithsonian Trinomial)

**Property Name:**

**Property Town/Vicinity of:**

**Property Date** (Year of Origin/Construction or "Precontact):

**State Agency** (Choose One):

**Reporting Year:** \_\_\_\_\_ (e.g. 2014; 2016; 2018, etc)

**Property Type** (Choose One):

**Property Count** (#): \_\_\_\_ District \_\_\_\_ Building(s) \_\_\_\_ Structure(s) \_\_\_\_ Site(s) \_\_\_\_ Object(s)

**Historic Significance and Property Description:**

Comment:

**Historic Integrity:** (Choose One):

Comment (Explain):

**Use:**

**Historic Use:**

**Current Use:**

Comment: (issues, if any, regarding use/functionality)

**Status** (Choose one):

Comment:

**Condition** (Choose One):

Comment:

**Stewardship Effort and Cost** (Enter all that apply in past 2 years; do not duplicate costs)

If activity, but no calculated/estimated cost available, enter "+". If no activity, enter "0" or leave blank.

- \$\_\_\_ Heritage Property Administration/Operations (property-specific)
- \$\_\_\_ Heritage Restoration/Rehabilitation/Repair project activity (SOI standards)
- \$\_\_\_ Heritage Preservation/Protection project activity
- \$\_\_\_ Heritage Research/Documentation project activity
- \$\_\_\_ Heritage Interpretation/Education/Awareness project activity
- \$\_\_\_ Heritage Promotion/Tourism/Marketing project activity
- \$\_\_\_ Heritage Preservation/Conservation Plan Development
- \$\_\_\_ Regular/routine maintenance
- \$\_\_\_ Monitoring (documented/reported upon)
- \$\_\_\_ Cost to redesign project to avoid adverse effect to property's heritage values
- \$\_\_\_ Other heritage stewardship effort/activity (Explain)

Comment:

**Prioritized Maintenance & Stewardship Needs**

Rank property for agency priority addressing need among all agency's heritage properties:

Highest (1 = top 20%) to Lowest (5 = bottom 20%) = \_\_\_\_ (1-5)

Comment: List prioritized property-specific preservation maintenance & stewardship needs -

**Other Comment #** \_\_\_\_\_ :

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**Reported by (Name):** \_\_\_\_\_

**Date (MM/DD/YYYY):** \_\_\_\_\_

Use Submit button to submit completed form to SHPO database