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NATIONAL ORGANIZATION SONS OF UNION VETERANS OF THE CIVIL WAR CIVIL WAR MEMORIAL ASSESSMENT FORM

Type of Memorial (check all app Monumentwith Sculpture w		annon stand alone Cannon
Historical Marker Plaque C	other (flag pole, G.A.R. building	ngs, stained glass windows, etc.)
Affiliation		
	SUVCW www.	ASUVCW
GARMOLLUS LGARDUVCW	Other	
If known, record name and number of post, camp, co	orps, auxiliary, tent, circle or appropi	riate information of other groups:
Oliver O. Howard Woman's Relief Corps		
Original Dedication Date 1939 that would have information on the <i>first</i> dedication ce	Please consult any/all	newspaper archives for a local paper's article
that would have information on the <i>first</i> dedication ce with full identification of the paper & date of publication	eremony and/or other facts on the mon. Thank you.	emorial. Please submit a copy of your findings
Location		
The Memorial is <i>currently</i> located at:		
Street/Road address or site location 134	2 E. 500 S	
City/Village &/or Township Salt Lake City		
County Salt Lake	State UT	Zip Code 84102
		2ip 00d0
The front of the Memorial faces: No	orth South East _ <u>/</u>	_ West
Government Body, Agency, or Indivi	dual Owner	
Dept./Div.		
Street Address		
City Contact Person	State	Zip Code
Contact Person	Telephone()	ext
Is Memorial on the National Register of	Historic PlacesYes	No ID # if known
		_
For Monuments with/without sculptu	ire:	
Physical Details		
Material of Monument or base under a Sculptur		oncrete MetalOther
If known, name specific material (color of granit	.e, marble, etc.) granite	

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For Historic Marker or Plaqu	 ie:					
Material of Plaque or Historical Mark	ker / Tablet = _					
For Cannons with/without m	onument:					
Material of Cannon = Bronze	Iron T	ype of Cannon (if known)				
Markings: Muzzle		Base Ring/Breed	ch	Rifled _	YES	NO
Left Trunion Is inert ammunition a part of the Mer		Bass 1 ting/21000	O.1			
Is inert ammunition a part of the Mer	norial?`	Yes No				
[For camp/department monuments of	officer's use: Ca	annon on list of known ordn	nance] _	Yes	No	
For Other Memorials: (flag po	ole, G.A.R. bu	ildings, stained glass win	ndows, e	etc.)		
What best describes the memoria	bench a l					
granita						
Materials of the Memorial						
Complete for All Memor	ials					
Approximate Dimensions (in		easure) - taken from talles	st / wides	t points		
Height	Width	Depth or		Diamete	r	
For Memorials with multiple Sculptures, and attach to this form. Please describe	the "pose" of ea		mplement			
Markings/Inscriptions (on stor	ne-work / metal	-work of monument, base,	sculptur	e)		
Maker or Fabricator mark / name? If	so, give name	& location found				
Please attach legible photographs o narrative sheet if necessary.	f all text &/or R	ecord the text in the space	below.	Please use the	addendum –	
"In Memory of Our Civil War Veterans Er	ected by Oliver (D. Howard Woman's Relief Co	orps 1939	"		

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(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)
Type of Location ✓ Cemetery — Park — Plaza/Courtyard — "Town Square" — Post Office — School — Municipal Building — State Capitol — Courthouse — College Campus — Traffic Circle — Library Other: —
General Vicinity Rural (low population, open land) Suburban (residential, near city) Town _v Urban / Metropolitan
Immediate Locale (check as many as may apply) Industrialv Commercialv Street/Roadside within 20 feetv Tree Covered (overhanging branches) Protected from the elements (canopy or enclosure, indoors) Protected from the public (fence or other barrier)
Any other significant environmental factor
[To detail the condition of a monument used the addendum form for Monument's Condition]
listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment. Addendums attached to this electronic file are the <i>Monument's Condition</i> and the <i>Narrative</i> forms. Only the <i>Monument Condition</i> form is required if you are requesting grant money using form CWM-62 SUVCW Memorial Grant Application Form and Instructions. Please include at least one method of contact below. Thank you.
Inspector Identification Date of On-site Survey Jan 21, 2023
Your Name Avery Frantz, Civil War Memorials Officer, Dept of the Southwest Address 28655 N 68th Ave
City Peoria State AZ Zip Code 85383 Telephone () E-Mail
Are you a member of the Allied Orders of the G.A.R.? If so, which one?
Please send this completed form to: Walt Busch, PDC, Chair 1240 Konert Valley Dr. Fenton, MO 63026

Thank you for your help, and attention to detail.

Sons of Union Veterans of the Civil War - Civil War Memorials Committee.

