PLEASE:

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NATIONAL ORGANIZATION

SONS OF UNION VETERANS OF THE CIVIL WAR

CIVIL WAR MEMORIAL ASSESSMENT FORM

Type or print, using a ball-point pen, when filling	y out this form. Le	gibility is critical.
Do not guess at the information. An answer of,	Unknown, is mor	e neipiui.
 Include a photograph of each viewable side an 	- Thank You.	e & direction of view
Type of Memorial	- Illalik Tou.	
	Monument with C	Pannon
Monument with Sculpture	-	
Monument without Sculpture	_ Historical Marker	raque
Affiliation		
✓ G.A.R. (Post Name & No. S.G. SCEAD MAN ✓ W.R.C. (Corps Name & No. NAME USKNOWN SUVCW (Camp Name & No.	POST 491)	M.O.L.L.U.S.
W.R.C. (Corps Name & No. NAME USKNOWN		Other Allied Order
SUVCW (Camp Name & No)	(Please describe below)
DUVCW (Tent Name & No)	
Original Dedication Date 1907	Please consult any/all	newspaper archives for a
local paper's article that would have information on the first dedicati	on ceremony and/or othe	er facts on the memorial.
Please submit a copy of your findings with full identification of the pa	aper & date of publication	n. Thank you.
Location		
The Mamarial is ourrently leasted at:		
Stroot/Pood address or site location	Park	
Street/Road address or site location Velecus City/Village Tampico Township Tampico	County 4	100
City/village / sax state Township / sax state		
The front of the Memorial faces: North	South <u></u> Ea	st West
Government Body, Agency, or Individual Owner (of priv		
Name 1/1/40 of Tompico De	pt./Div.	,
Street Address P.O. Dox 154		
City Tangico Sta	te /i_ Zip C	ode 61293
Name 11/1/1/20 of Tampico De Street Address P.O. Box 154 City Tampico Sta Contact Person DENISE McLaughlin Te	lephone (3/5).	
If the Memorial has been moved, please list former	r location(s)	
		1
Physical Details	,	
Material of Monument or base under a Sculpture or Cannon =	Stone Concrete	Metal Undetermined
If known, name specific material (color of granite, marb	le, etc.) Limestone	

Material of the Sculpture =Stone/Concrete Metal Undetermined If known, name specific material (color of granite, marble, etc.)
Material of Plaque or Historical Marker / Tablet =
Material of Cannon =BronzeIron - Consult known Ordnance Listing to confirm Markings on muzzle =
Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points Monument or Base: Height 15 Width 5 Depth 5 or Diameter Sculpture: Height 3 Width Depth 2 or Diameter
For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue and attach to this form. Please describe the "pose" of each statue and any weapons/implements involved (in case your photos become separated from this form). Thank you!
Markings/Inscriptions (on stone-work / metal-work of monument, base, sculpture) Maker or Fabricator mark / name? If so, give name & location found
The "Dedication Text" is formed: cut into material raised up from material face
Record the text (indicate any separation if on different sides) Please use additional sheet if necessary.
This stend is a reminder of the cost and value of The Union of the
STATES
- FRONT -
Lower Portion - BRISCIES BY The GART WRE and Light Citrus of
Lower Portion - ERECTED BY The GART WRC and Light Chrons of
North Side - 1861-1865
Environmental Setting
(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 Other:
CourthouseCollege Campus
Traffic Circle Library

	ourban (residential, near ci oan / Metropolitan	ty)
Immediate Locale (check as many as may apply) Industrial Commercial Street/Roadside within 20 feet Tree Covered (or Protected from the elements (canopy or enclosure, index Protected from the public (fence or other barrier) Any other significant environmental factor	pors)	
Condition Information		
Structural Condition (check as many as may apply) The following section applies to Monuments <i>with</i> Sculpture, and Monuments with Sculpture, and Monuments	sculpture and its base can be	detected and its
If hollow, is the internal support unstable/exposed? (look for signs of exterior rust) Any evidence of structural instability? (look for cracked joints, missing mortar or caulking or plant growth) Any broken or missing parts? (look for elements (i.e., sword, musket, hands, arms, etc missing due to vandalism, fluctuating weather conditions, etc.) Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material)	Sculpture	Base
Surface Appearance (check as many as may apply) Black crusting White crusting Etched, pitted, or otherwise corroded (on metal) Metallic staining (run-off from copper, iron, etc.) Organic growth (moss, algae, lichen or vines) Chalky or powdery stone Granular eroding of stone Spalling of stone (surface splitting off) Droppings (bird, animal, insect remains) Other (e.g., spray paint graffiti) - Please describe	Sculpture	Base
Does water collect in recessed areas of the Memorial?	Yes Vo Unable	to tell

Surface Coating Does there appear to be a coating? Yes No Unable to determine If known, identify type of coating. Gilded Painted Varnished Waxed Unable to determine Is the coating in good condition? Yes No Unable to determine
Basic Surface Condition Assessment (check one)
In your opinion, what is the general appearance or condition of the Memorial? Well maintainedWould benefit from treatment In urgent need of treatment Unable to determine Overall Description Briefly describe the Memorial (affiliation / overall condition & any concern not already touched on) . In the start of the Memorial (affiliation / overall condition & any concern not already touched on) . In the start of the Memorial (affiliation / overall condition & any concern not already touched on) .
Supplemental Background Information In addition to your on-site survey, any additional information you can provide on the described Memorial will be welcomed. Please label each account with its source (author, title, published date, pages). Topics include any reference to the points listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment. Thank you.
Inspector Identification Date of On site Survey 7-6-2010
Your Name Great Garter
Other Production
Address /408 269 ST. City RodeFoad
Inspector Identification Date of On-site Survey 2-6-2010 Your Name Greek Carter Address 1408 263 5T. City Redefine State L Zip Code 6/108 Telephone
State Zip Code Telephone Telephone Please send this completed form to:

SONS OF UNION VETERANS OF THE CIVIL WAR National Civil War Memorials Committee