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NATIONAL ORGANIZATION

SONS OF UNION VETERANS OF THE CIVIL WAR

CIVIL WAR MEMORIAL ASSESSMENT FORM

PLEASE:
 Type or print, us ng a ball-point pen, when filling out this form. Legibility is critical. Do not guess at he information. An answer of, "Unknown," is more helpful. Include a photograph of each viewable side and label it with name & direction of view. Thank You.
Type of Memorial
10
Monument with Sculpture Monument with Cannon
Monument with out Sculpture Historical Marker Plaque
A SCILLAGA CONTRACTOR OF THE C
Affiliation
G.A.R. (Post Name & No)M.O.L.L.U.S.
W.R.C. (Corps Name & No) Other Allied Order
SUVCW (Camp Na ne & No) (Please describe below
SUVCW (Camp Na ne & No) (Please describe below DUVCW (Tent Name & No)
Other:
Original Dedication Date
City /ONIA State no. 7in Code 48841
City /ONIA State M, Zip Code 48846 Contact Person Clerk, BARBARA TRIERWEIGER Telephone (616) 527-5322
Telephone (676) 327-3322
If the Memorial has been moved, please list former location(s)
Physical Details
Material of Monument or by se under a Sculpture or Cannon = X Stone Concrete Metal Undetermined
If known name specific material (color of granite marble, etc.)

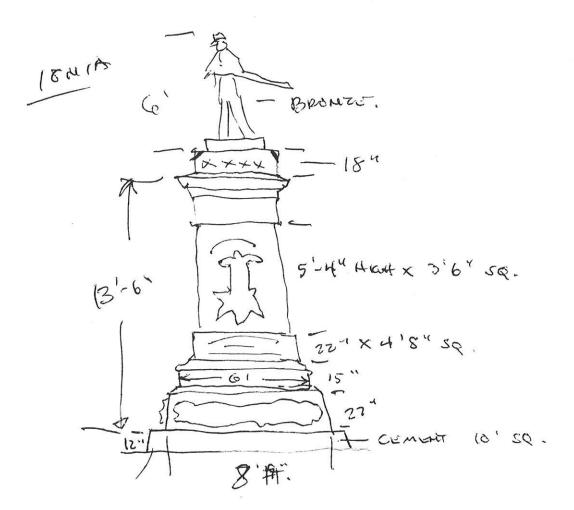
General Vicinity Rural (low population, open land) Town	Suburban (residential, near city) Urban / Metropolitan	
Immediate Locale (check as many as may apply Industrial Street/Roadside within 20 feet 6.5 Protected from the elements (canopy or enc.) Protected from the public (fence or other ball Any other significant environmental factor 6.5 COCCO FOR THESE TO HOW COUNTY OF THE PROPERTY OF THE	Commercial Tree Covered (overhanging branches) losure, indoors) rrier)	
Condition Information		
Structural Condition (check as many as may a The following section applies to Monuments with Sculptur the base for Monuments with Cannon. Instability in the number of factors. Indicators may be obvious or subtle. V	e, and Monuments without Sculpture - including sculpture and its base can be detected by a	
	Sculpture Base	
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 of the proken or missing parts? (look for elements (i.e., sword, musket, hands, arms, etc no due to vandalism, fluctuating weather conditions, etc.)		
Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material)	erial)	
Surface Appearance (check as many as may a	apply) Sculpture Base	
Black crusting	Sculpture	
White crusting		
Etched, pitted, or otherwise corroded (on metal)		
Metallic staining (run-off from copper, iron, etc.)		
Organic growth (moss, algae, lichen or vines)	Transport Marian	
Chalky or powdery stone		
Granular eroding of stone		
Spalling of stone (surface splitting off)	Can	25
Droppings (bird, animal, insect remains)		OF
Other (e.g., spray paint graffiti) - Please descril	De	
Does water collect in recessed areas of the Memoria	al? YesNo 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 maintained Would 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).
BUSELL CRUSTINIA & GURAN OXIDISTICILY ON BUTTING SCULPTUNG.
SHOED CORPORING
UNIQUE STATUT OF UNION SOUDIER WALKING ON SKIRMISH WITH
MUSKET CAMIND HODIZONITHINY - POT THUMB ON HAMMEN.
MUCH DETAIL ON CONTRIBER BOX, HAVENSACIE BHYOURT SCABBAND TO
CAP POUCH KUP: \$ SACK COAP.
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, publisher,
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
Your Name
Address
State Zip Code Telephone ()
mgr 5c

Thank you for your help, and attention to detail.

Please send this completed form to:

Sons of Union Veterans of the Civil War National Civil War Memorials Committee



MANY CHACKS.

