HP-05-07 (9-28-18)

## REQUEST FOR SHPO COMMENT AND CONSULTATION ON A FEDERAL UNDERTAKING

Submit one copy with each undertaking for which our comment is requested. Please print or type. Return to: Wisconsin Historical Society, State Historic Preservation Office, 816 State Street, Madison, WI 53706

Please Check All Boxes and Include All of the Following Information, as Applicable.

I.	GENERAL INFORMATION	
	This is a new submittal.  This is supplemental information relating to Case #:, and title:  This project is being undertaken pursuant to the terms and conditions of a programmatic or other interagency agreement. The title of the agreement is	
a.	Federal Agency Jurisdiction (Agency providing funds, assistance, license, permit):	
b.	Federal Agency Contact Person:	Phone:
c.	Project Contact Person:	Phone:
d.	Return Address:City:	Zip Code:
e.	Email Address:	
f.	Project Name:	
g.	Project Street Address:	
h.	County: City:	Zip Code:
i.	Project Location: Township, Range, East □ or West □, Section _	, Quarter Sections
j.	Project Narrative Description—Attach Information as Necessary.	
k.	Area of Potential Effect (APE). Attach Copy of U.S.G.S. 7.5 Minute Topographic Quadrangle showing APE.	
II.	IDENTIFICATION OF HISTORIC PROPERTIES	
	Historic Properties are located within the project APE per 36 CFR 800.4. Attach supporting materials, per 36 CFR 800.11. Historic Properties are not located within the project APE per 36 CFR 800.4. Attach supporting materials, per CFR 800.11.	
III.	FINDINGS	
	No historic properties will be affected (i.e., none is present or there are historic properties present but the project will have no effect upon them). Attach necessary documentation, as described at 36 CFR 800.11.  The proposed undertaking will have no adverse effect on one or more historic properties located within the project APE under 36 CFR 800.5. Attach necessary documentation, as described at 36 CFR 800.11.  The proposed undertaking will result in an adverse effect to one or more historic properties and the applicant, or other federally authorized representative, will consult with the SHPO and other consulting parties to resolve the adverse effect per 36 CFR 800.6. Attach supporting documentation as described at 36 CFR 800.11.	
Authori	zed Signature:	Date:
Type or	print name:	
IV.	STATE HISTORIC PRESERVATION OFFICE COMMENTS	
	Agree with the finding in section III above.  Object to the finding for reasons indicated in attached letter.  Cannot review until information is sent as follows:	
Authori	zed Signature:	Date