

Work Assessment Form

Name of Claim CAMC/NMC:

Date of Work (start date - mm/dd/yyyy) (end date - mm/dd/yyyy)

Number of People doing Work Total Hours

Work done by (member)

(Address is required for each prospector)

Address

City

State

Work done by (member/guest)

(Address is required for each prospector)

Address

City

State

Work done by (member/guest)

(Address is required for each prospector)

Address

City

State

Work done by (member/guest)

(Address is required for each prospector)

Address

City

State

Description of all Work Performed - circle all that apply **(required)**:

Sluicing High Banking Suction Dredging Crevicing Sniping Mossing

Dry Washing Metal Detecting Panning

Rate this Claim (0 - don't like at all, 5 - love it) Circle One **(required)**

0 1 2 3 4 5

Comments: (optional) Reason for above rating? Claim status?, etc.

Return Assessment Form to:
Comstock Gold Prospectors
PO Box 50517
Sparks, NV 89435-0517

5/17/2022