



City of Tombstone

Office of the City Clerk

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PUBLIC RECORDS REQUEST FORM

Date: _____

What are you requesting? (Please check all that apply):

____ Agenda ____ Meeting Packet ____ Minutes

____ Ordinance ____ Resolution ____ Reports

____ Permits ____ Other: _____

Number of Copies: _____

Description of Public Request:

Name: _____

Address: _____

Phone #: _____ **Fax # (If applicable):** _____

Would you like the document to be:

___ **Mailed** ___ **Picked up** ___ **Faxed**

Signature: _____

CITY STAFF



Request: APPROVED DENIED

City Clerk Signature: _____

Completed by City Staff: _____

Date Completed: _____

Number of Pages: _____ \$ _____