

PUBLIC RIGHT OF WAY UTILITY USE PERMIT
CITY OF TOMBSTONE
DEPARTMENT OF PUBLIC WORKS

PERMIT #: _____

Address/Location: _____

Date Issued: _____ **Date Expires:** _____

Permittee Name: _____

Permittee Address: _____

Permittee Phone No.: _____

CONTRACTOR'S Contact Person: (If work/closure is performed by other than Permittee)

Address: _____

Phone No.: _____

DESCRIPTION OF UTILITY RIGHT OF WAY USE: _____

SPECIAL REQUIREMENTS: _____

Compaction Required: Yes No Three (3) sets of Plans submitted: Yes No

Signature of
PERMITTEE: _____

Date: _____

Approved by City of Tombstone Department of Public Works:

Date: _____ Signature of City Official: _____

Permit Number: _____ Date Work Completed: _____

Signature: _____

City of Tombstone *Signature Authorization Upon Completion