

Signature of Mayor

City of Tombstone

P.O. Box 339 * 613 E. Allen Street Tombstone, Arizona 85638 Phone (520) 457-2202 TTY: 1-800-367-8939 Fax (520) 457-3516

WALKDOWN USE PERMIT APPLICATION

Please complete the below information and draw where	e you will be setting up your event o	on the attached map.
Name of Person Being Honored:		
Contact information must be for someone who will city representative has questions or concerns while		ates and times, in case a
CONTACT NAME:	PHONE:	
ALTERNATIVE CONTACT:	Phone:	
Please provide start and end time for the walkdown and	I the between which streets they wa	alkdown will occur.
Location	Date	Start/End Times
Allen Street between & Streets		
Will motorized vehicles be a part of this procession? If yes, type and quantity:	□Yes □No	
Please initial the below statements:		
I have read and understand the Public Spaces R	egulations set forth by the City of To	ombstone.
By signing below, I acknowledge to the best of my know changes are made, I need to notify City Hall immediatel changes.		
I understand that this application does not guarantee a the Mayor and City Council.	Walkdown Permit, but is just a sub	mission to be approved by
I understand that the City of Tombstone has the right to misconduct or infraction of the regulations by any parti		e, if notified of any
Signature	Date	
OFICE	IAL USE ONLY	
□ Approved by Mayor on	_	

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