Tombstone Marshal's Office

Marshal Bob Randall
315 E Fremont St
PO Box 339
Tombstone, AZ 85638

Mayor Dusty Escapule

Phone: (520) 457-2244
Fax: (520) 457-3124

Special Permit to Discharge Firearms

Ordinance 2016-01

Reenactment Group Name: _____

Group Armorer: Name: _____

Address: _____

Telephone: _____

Group Armorer: Name: _____

Address: _____

Telephone: _____

Group Armorer: Name: _____

Address: _____

Telephone: _____

Reenactment Participants:

1. Name: _____ ID Provided: _____

   Statement Received: _____ Approved (Yes/No): _____

2. Name: _____ ID Provided: _____

   Statement Received: _____ Approved (Yes/No): _____

3. Name: _____ ID Provided: _____

   Statement Received: _____ Approved (Yes/No): _____

Tombstone Marshal's Office

Marshal Bob Randall
315 E Fremont St
PO Box 339
Tombstone, AZ 85638

Mayor Dusty Escapule

Phone: (520) 457-2244
Fax: (520) 457-3124

Special Permit to Discharge Firearms

Ordinance 2016-01

Reenactment Group Name: _____

4. Name: _____ ID Provided: _____
   Statement Received: _____ Approved (Yes/No): _____
5. Name: _____ ID Provided: _____
   Statement Received: _____ Approved (Yes/No): _____
6. Name: _____ ID Provided: _____
   Statement Received: _____ Approved (Yes/No): _____
7. Name: _____ ID Provided: _____
   Statement Received: _____ Approved (Yes/No): _____
8. Name: _____ ID Provided: _____
   Statement Received: _____ Approved (Yes/No): _____
9. Name: _____ ID Provided: _____
   Statement Received: _____ Approved (Yes/No): _____
10. Name: _____ ID Provided: _____
    Statement Received: _____ Approved (Yes/No): _____
11. Name: _____ ID Provided: _____
    Statement Received: _____ Approved (Yes/No): _____

Tombstone Marshal's Office

Marshal Bob Randall
315 E Fremont St
PO Box 339
Tombstone, AZ 85638

Mayor Dusty Escapule

Phone: (520) 457-2244
Fax: (520) 457-3124

Special Permit to Discharge Firearms

Ordinance 2016-01

Reenactment Group Name: _____

12. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

13. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

14. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

15. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

16. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

17. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

18. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

19. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

Tombstone Marshal's Office

Marshal Bob Randall
315 E Fremont St
PO Box 339
Tombstone, AZ 85638

Mayor Dusty Escapule

Phone: (520) 457-2244
Fax: (520) 457-3124

Special Permit to Discharge Firearms

Ordinance 2016-01

Reenactment Group Name: _____

20. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

21. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

22. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

23. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

24. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

25. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

26. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

27. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

Tombstone Marshal's Office

Marshal Bob Randall
315 E Fremont St
PO Box 339
Tombstone, AZ 85638

Mayor Dusty Escapule

Phone: (520) 457-2244
Fax: (520) 457-3124

Special Permit to Discharge Firearms

Ordinance 2016-01

Reenactment Group Name: _____

28. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

29. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

30. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

31. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

32. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

33. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

34. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

35. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

Tombstone Marshal's Office

Marshal Bob Randall
315 E Fremont St
PO Box 339
Tombstone, AZ 85638

Mayor Dusty Escapule

Phone: (520) 457-2244
Fax: (520) 457-3124

Special Permit to Discharge Firearms

Ordinance 2016-01

Reenactment Group Name: _____

36. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

37. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

38. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

39. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

40. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

41. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

42. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

43. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

Tombstone Marshal's Office

Marshal Bob Randall
315 E Fremont St
PO Box 339
Tombstone, AZ 85638

Mayor Dusty Escapule

Phone: (520) 457-2244
Fax: (520) 457-3124

Special Permit to Discharge Firearms

Ordinance 2016-01

Reenactment Group Name: _____

44. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

45. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

46. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

47. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

48. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

49. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

50. Name: _____ ID Provided: _____

    Statement Received: _____ Approved (Yes/No): _____

Name of Group: _____

Tombstone City Ordinance No. 2016-01

As an Individual:

Please print your name in the first line and circle the appropriate answer.

I, _____, solemnly swear that the questions below are answered truthfully:

- Do you have a felony conviction? **Yes/No**
- Do you have any domestic abuse convictions? **Yes/No**
- Do you have any outstanding warrants? **Yes/No**
- Do you have any orders of protections or other court orders against you that would prohibit the possession of a firearm: **Yes/No**

As the Coordinator of the Group:

I, _____ do attest, that to the best of my knowledge, none of the members of the _____ Gunfight group have ever been arrested, charged, or have committed any felony offense, or convicted of any domestic violence offenses, which would prevent them from participating in any gunfight reenactment pursuant to Tombstone City Ordinance No. 2016-01.

Signature: _____

Date: _____