


Tombstone Marshal's Office

Public Records Request

Date Request Made: ____/____/____		1-800-441-7273	
Requestor Information:		Write legibly and complete all boxes please	
Requestor Name	Company/Organization	Organization Representing	Title
Address	City	State	Zip
Home Phone	Business Phone	Cell Phone	Email Address
Purpose of Request - check one			
<input type="checkbox"/> Insurance	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Other - Describe _____	
<input type="checkbox"/> Public Disclosure	<input type="checkbox"/> Student - Research	_____	
<input type="checkbox"/> Victim of Crime	<input type="checkbox"/> Media Request	_____	
Information Requested/Type of Request - check most appropriate items			
<input type="checkbox"/> Traffic Accident Report	<input type="checkbox"/> Other - Describe _____		
<input type="checkbox"/> Offense Report	_____		
The Tombstone Marshal's Office charges for specific requests as follows:			
Offense Reports:	\$10.00		
	No charge for Victim of criminal report		
Call Cards	\$3.00		
Audio/911 CD:	\$5.00 audio		
Body Cam DVD	\$25.00 per body worn video or audio DVD		
Other:	\$1.00 per page for photographs(color copies, 4 per page)		
Details of Requested Item (fill out as much as you can and write legibly or your request may not be able to be filled);			
Report Number	Date and Time of Occurrence	Type of Incident	
Address of Occurrence	City		
Additional Information:			
A review of your request will be completed and forwarded to the appropriate unit for completion or returned to you if it cannot be completed. How would you like the information delivered once it is completed?			
<input type="checkbox"/>	<i>Under penalty of perjury, I hereby declare the public records requested will not be used for Commercial purposes.</i>		
<input type="checkbox"/> Pick-up in-person (315 E Fremont St.)			
<input type="checkbox"/> Mailed (USPS)			
			Signature
FOR TMO USE ONLY		Date Information Released: _____	
Date Request Received: _____		Released by: _____	
Request Taken By: _____		_____ Mailed _____ P/U	
Total Paid: _____ No Charge (Victim) _____			