



APPLICATION FOR FILMING

Date: _____ Production Title: _____

1. Company: _____ Production Contact: _____

2. Address: _____ Tel. No./Fax No.: _____

3. Location Manager: _____ Tel: _____ e-mail: _____

Production Manager: _____ Tel: _____ e-mail: _____

4. If TV Commercial name product: _____

5. City Employees Required – (specify) _____

6. Number and type of vehicles: _____

7. Number of cast and crew: _____

8. Location(s) – Specify on attached Location Worksheet(s).

9. TYPE OF PRODUCTION

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Feature | <input type="checkbox"/> T.V. Pilot | <input type="checkbox"/> Video |
| <input type="checkbox"/> Movie of the Week | <input type="checkbox"/> Documentary | <input type="checkbox"/> Short |
| <input type="checkbox"/> T.V. Series | <input type="checkbox"/> Animation | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Mini Series | <input type="checkbox"/> Photo | <input type="checkbox"/> Other |

10. PROPOSED LOCATION (Address):

- | | | |
|---|--|---|
| <input type="checkbox"/> Street Occupancy | <input type="checkbox"/> Private Property | <input type="checkbox"/> Municipal Park |
| <input type="checkbox"/> Studio | <input type="checkbox"/> Commercial Property | <input type="checkbox"/> Municipal Property |

11. PROPOSED ACTIVITIES

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Gun Fire | <input type="checkbox"/> Drive By | <input type="checkbox"/> Wet Down |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Helicopter | <input type="checkbox"/> Stunt |
| <input type="checkbox"/> Rain or Snow | <input type="checkbox"/> Tow Shot | <input type="checkbox"/> Animal |
| <input type="checkbox"/> Explosion | <input type="checkbox"/> Car Stunt | <input type="checkbox"/> Exterior Set Construction |

12. SCHEDULE (Time & Dates)

Prep: From _____ to _____	Total No. of Days _____
Shoot: From _____ to _____	Total No. of Days _____
Wrap: From _____ to _____	Total No. of Days _____

13. Desired parking location (attach map): _____

14. Road work: Driving Parking Towing Other _____

Signature

Signature of Authorized Representative

Title



LOCATION WORKSHEET AND SCENE DETAILS

Name of Production _____

Page ____ of ____

Location 1: _____

Date: _____ Time: _____

Scene details: _____

Location 2: _____

Date: _____ Time: _____

Scene details: _____

Location 3: _____

Date: _____ Time: _____

Scene details: _____

Location 4: _____

Date: _____ Time: _____

Scene details: _____
