

# FILMING & PHOTOGRAPHY PERMIT APPLICATION

Name \_\_\_\_\_

Business Name, if applicable \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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Desired date(s) to film and/or photograph \_\_\_\_\_

Start time(s) \_\_\_\_\_

Brief description of intended project(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If filming, a copy of your script must accompany this application.