Film Permit Application

Email to: nmower@glendaleca.gov

☐ Commercial ☐ Music Video ☐ Feature Film ☐ PSA ☐ TV Series ☐ Still Photo ☐ Reality TV ☐ Documentary ☐ Student Film ☐ Director's Reel

Company: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Location Manager: _____ Phone: _____ Fax: _____

Director: _____ Phone: _____ Fax: _____

Production Title: _____

REQUESTED LOCATION: Location #1: _____ Date: _____

HOURS OF PARK USAGE: Preparation/Move-In : From _____ To _____

Filming : From _____ To _____

Clean-up/Move-Out: From _____ To _____

NUMBER OF VEHICLES: Cast/Crew Cars _____ Trucks _____ Motor Homes _____

Camera Cars _____ Catering Trucks _____ Star Wagons _____

SPECIAL EFFECTS: _____

FACILITY ALTERATIONS: _____

DESCRIPTION OF FILMING ACTIVITIES: Describe in detail all filming activities.

TALENT NAMES: _____

_____ _____

Signature of Person Completing This Form Date