



City of Sand City Police Department Film Permit

APPLICANT INFORMATION:		
Application Date		
Applicant Contact Information	Name	Phone No.
Filming Company	Name	Phone No.

PROJECT DESCRIPTION:		
Project Title		
Production Type		
Location Manager	Name	Phone No.
Production Manager	Name	Phone No.
Film Company's Insurance	Insurance Name	Expiration Date:
Number of On-Site Personnel		<input checked="" type="checkbox"/>
Number of Trucks	Pyrotechnics	Special Effects Permit No.
Number of Motor Homes	Pyrotechnician	License No.
Number of Vehicles		
Filming Schedule		
Location		
Date/Time		
Activity		
Location		
Date/Time		
Activity		
Apply additional sheets if necessary.		

REQUESTED CITY SERVICES:	<input checked="" type="checkbox"/>	No. Needed
Police Officers	<input type="checkbox"/>	
Fire Personnel	<input type="checkbox"/>	
Parking Spaces	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Conditions of Permit Approval (completed by City Official):	

Apply additional sheets if necessary.

<p>THE PERMITTEE'S SIGNATURE BELOW TESTIFIES THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT, AND ACKNOWLEDGES AND ACCEPTS ALL TERMS AND CONDITIONS OF THIS PERMIT, INCLUDING PROVISIONS LISTED ON A FILM WAIVER AND ANY ATTACHMENTS.</p>	
Permittee's Signature	Date:
Chief of Police Authorization Signature	Date: