

FILM PERMIT APPLICATION

Customer Service Center 503-823-2525 FAX 503-823-2515 Email: Parksfilminfo@portlandoregon.gov

Email: Parksfilminfo@portlandoregon.gov CONTACT INFORMATION									
PRODUCTION COMPANY (NAME ON INSURANCE):									
MAIN CONTACT:					EMAIL:				
BILLING ADDRESS:							ST:	ZIP:	
OFFICE PHONE:				CELL PHONE:					
FILM DETAILS									
Type of Production: STILL FILM VIDEO B-Roll					SUBJECT OF PRODUCTION:				
#OF CREW MEMBERS & EXTRAS:				# OF VEHICLES IN PARK:					
WILL YOU HAVE ON SITE CATERING? YES NO				IF YES, PLEASE PROVIDE DETAILS BELOW:					
WILL YOU HAVE ON CANOPIES OR TENTS? YES NO				WILL YOU HAVE ON AMPLIFIED SOUND? YES NO					
IF YES, PROVIDE SIZE & NUMBER:				IF YES, PLEASE PROVIDE DETAILS:					
DATE PARK & LOCAT				<u> </u>				MING TIMES	
RAIN DATE(S)* FOR EVERY DATE YOU BOOK, YOU RECEIVE ONE FREE RAIN DATE. YOU CAN USE EITHER THE SHOOT DATE OR THE RAIN DATE, BUT NOT BOTH.									
ACTIVITES:									
□ DRIVE BY [☐ SET CONSTRUCTION			ELECTRICTIY		OTHER:		
EXPLOSIONS		☐ CAR STUNT		☐ TOW SHOTS		— OTHER:			
☐ WET DOWNS ☐ ST		☐ STUNT	S	ANIMALS					
		a location within the made any covience of * to			OTHER:				
Please give a detailed event description, describing the location within the park, any equipment* to be brought into the park (i.e. camera equipment, drone, lighting equipment, dolly track, etc. Please attach additional pages if needed):									
* PLEASE DRAW YOUR SITE PLAN ON THE MAP PROVIDED.									
CUSTOMER SERVICE CENTER USE ONLY									
DATE RECEIVED:			PARK SUPERVISOR:				PERM	ИІТ #:	
			ENTERED BY:						
			DATE:						