



PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland

FILM PERMIT APPLICATION

Customer Service Center 503-823-2525 FAX 503-823-2515

CONTACT INFORMATION

PRODUCTION COMPANY (NAME ON INSURANCE):

MAIN CONTACT:

EMAIL:

BILLING ADDRESS:

CITY:

ST:

ZIP:

OFFICE PHONE:

CELL PHONE:

FILM DETAILS

TYPE OF PRODUCTION: STILL FILM VIDEO FEATURE

SUBJECT OF PRODUCTION:

#OF CREW MEMBERS:

#OF EXTRAS:

OF VEHICLES:

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 & LOCATION	FILMING TIMES	SET UP	TAKE DOWN

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.

ACTIVITIES:

DRIVE BY

SET CONSTRUCTION

ELECTRICITY

OTHER:

EXPLOSIONS

CAR STUNT

TOW SHOTS

OTHER:

WET DOWNS

STUNTS

ANIMALS

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, 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:

PERMIT #:

ENTERED BY:

DATE: