

Mountains Recreation and Conservation Authority Filming Application

Park Requested: _____ **Specific Location Requested:** _____

Production Company

Contact Information

| | |
|--|--|
| Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ | Name: _____ Title: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____ Website: _____ |
|--|--|

Permit Services

| | |
|---|---|
| Company: _____ Phone: _____ Cell: _____ | Contact Name: _____ Fax: _____ Email: _____ |
|---|---|

Project Information

Special Effect Information

| | |
|--|---|
| Title: _____ Type: <input type="checkbox"/> TV <input type="checkbox"/> Reality <input type="checkbox"/> Commercial <input type="checkbox"/> Still <input type="checkbox"/> Feature <input type="checkbox"/> Documentary <input type="checkbox"/> Student <input type="checkbox"/> Music <input type="checkbox"/> Other | Check all that Apply: <input type="checkbox"/> Fire Effects <input type="checkbox"/> Explosion <input type="checkbox"/> Stunt <input type="checkbox"/> Animals <input type="checkbox"/> Smoke <input type="checkbox"/> Aerial <input type="checkbox"/> Candles <input type="checkbox"/> Sparks <input type="checkbox"/> Propane <input type="checkbox"/> Gunfire |
|--|---|

Effect/Activity Description: _____

Shoot Dates

| | | | | |
|---------------|-------------|-----------|------------------|------------------|
| Prep | From: _____ | To: _____ | Call Time: _____ | Wrap Time: _____ |
| Shoot | From: _____ | To: _____ | Call Time: _____ | Wrap Time: _____ |
| Strike | From: _____ | To: _____ | Call Time: _____ | Wrap Time: _____ |
| Hold | From: _____ | To: _____ | Call Time: _____ | Wrap Time: _____ |

Personnel

Vehicles and Parking

| | Type | Cast / Crew | Extras | |
|-------|-------|-------------|--------|---|
| Day 1 | _____ | _____ | _____ | List all that apply: Crew Cars/Vans: _____ Other: _____ Cranes/Condors: _____ Base Camp: _____ Picture Cars: _____ Permits: _____ Trucks/Trailers: _____ Motorhomes: _____ Generators: _____ (requires a Fire Marshal) |
| Day 2 | _____ | _____ | _____ | |
| Day 3 | _____ | _____ | _____ | |
| Day 4 | _____ | _____ | _____ | |
| Day 5 | _____ | _____ | _____ | |
| Day 6 | _____ | _____ | _____ | |

Please Fax to: 310-589-2561

Permit # _____