

Documentary Shooting Location Permission Slip

Production Title:

Production Company/Organization:

Contact Person:

Phone Number:

Email Address:

Location Address:

Date(s) of Filming:

Time(s) of Filming:

Permission

I authorize the above-mentioned production company/organization to film a documentary at the specified location on the specified date(s) and time(s).

Location Owner/Representative Name:

Signature:

Date:

Producer/Authorized Representative Name:

Signature:

Date:
