## **Night Filming Temporary Location Permit**

Permit No.:
Date of Issue:
Permit Holder Information
Production Company:
Contact Name:
Phone:
Email:
Address:
Filming Details
Location Address:
Description of Activities:
Dates:
Night Filming Hours:
Number of Crew:
Number of Vehicles:
Special Effects/Equipment:
<ul> <li>Permit must be kept on location and produced upon request.</li> <li>Compliance with all city regulations and noise ordinances is required.</li> <li>Permit valid only for the dates and times specified above.</li> <li>Applicant is responsible for any damages or disturbances at the site.</li> <li>Other conditions:</li> </ul>
Applicant Signature  Date:  Approving Authority Signature
Date: