

VILLAGE OF ROMEO
121 W ST CLAIR
ROMEO, MI 48065

The information below must be completed in full.

COMMERCIAL FILMING, VIDEOTAPING, AND PHOTOGRAPHY APPLICATION FORM

OVERVIEW

Date form is submitted:	<input type="text"/>
Date filming begins:	<input type="text"/>
Requestor name:	<input type="text"/>
E-mail:	<input type="text"/>
Phone #:	<input type="text"/>
Cell #:	<input type="text"/>
Company:	<input type="text"/>
Type of company:	<input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation
Street address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP code:	<input type="text"/>
Company phone #:	<input type="text"/>
Company fax #:	<input type="text"/>
Authorized company representative/primary contact:	<input type="text"/>
E-mail:	<input type="text"/>
Phone #:	<input type="text"/>
Cell #:	<input type="text"/>

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PRODUCTION TYPE

<input type="checkbox"/> Charity video	<input type="checkbox"/> Feature film	<input type="checkbox"/> Tourism video
<input type="checkbox"/> Commercial	<input type="checkbox"/> Miniseries	<input type="checkbox"/> TV episode
<input type="checkbox"/> Corporate video	<input type="checkbox"/> Short film	<input type="checkbox"/> TV movie
<input type="checkbox"/> Documentary	<input type="checkbox"/> Still photography	<input type="checkbox"/> Video clip
<input type="checkbox"/> Educational video	<input type="checkbox"/> Other (describe):	

PRODUCTION OVERVIEW

Project title:	
Date filming/photo shoot begins:	
Number of shooting days:	
Number of crew:	
Number of cast:	
Number of vehicles (private/commercial):	

PROPOSED SPECIAL EFFECTS (CHECK ALL THAT APPLY):

<input type="checkbox"/> Aerial stunts	<input type="checkbox"/> Imitation firearms	<input type="checkbox"/> Use of any chemicals
<input type="checkbox"/> Domestic or wild animals	<input type="checkbox"/> Pyrotechnics	<input type="checkbox"/> Use of open flames
<input type="checkbox"/> Explosions	<input type="checkbox"/> Smoke/fog	<input type="checkbox"/> Vehicle stunts
<input type="checkbox"/> Human stunts (falling, jumping, etc.)	<input type="checkbox"/> Snow effects	<input type="checkbox"/> Water effects
<input type="checkbox"/> Other (describe):		

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ADDITIONAL DETAILS OF FILM (CHECK ALL THAT APPLY):

Child actor(s) Impersonation of police officers Staging of accidents in public

Impersonation of ambulance staff Offensive language Staging of crime

Impersonation of firefighters Production depicting subjects of a controversial nature (sex, nudity, etc.) Violence of any kind

Impersonation of military personnel Scenes depicting students drinking alcohol, using drugs, or exhibiting public drunkenness

Other (describe):

EQUIPMENT TO BE USED (CHECK ALL THAT APPLY):

Camera cars Cherry picker Rain machines

Camera crane Cranes RVs

Camera dolly on pavement Forklift Scaffolding

Camera dolly on track Generator Smoke/fog machines

Car(s) Hazard materials Snow machines

Car with external camera mount Lighting stands Trucks

Other (describe):

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SITE LOCATION(S) REQUESTED:

Location 1:

Date(s) at this site:

Time set-up will begin:

Time production will start:

Estimated time production will end:

Cleanup of site will be completed by:

Amplified sound?

Signs of any kind?

Site alteration?

Electrical needs?

Solicitation of any kind?

Tent?

Food?

Sprinkler system on/off?

Vehicles on site?

Parking location?

Stage?

Water supply needed?

Additional special needs:

Location 2:

Date(s) at this site:

Time set-up will begin:

Time production will start:

Estimated time production will end:

Cleanup of site will be completed by:

Amplified sound?

Signs of any kind?

Site alteration?

Electrical needs?

Solicitation of any kind?

Tent?

Food?

Sprinkler system on/off?

Vehicles on site?

Parking location?

Stage?

Water supply needed?

Additional special needs:

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Location _____:

Date(s) at this site:

Time set-up will begin:

Time production will start:

Estimated time production will end:

Cleanup of site will be completed by:

Amplified sound? **Signs of any kind?** **Site alteration?**

Electrical needs? **Solicitation of any kind?** **Tent?**

Food? **Sprinkler system on/off?** **Vehicles on site?**

Parking location? **Stage?** **Water supply needed?**

Additional special needs:

Location _____:

Date(s) at this site:

Time set-up will begin:

Time production will start:

Estimated time production will end:

Cleanup of site will be completed by:

Amplified sound? **Signs of any kind?** **Site alteration?**

Electrical needs? **Solicitation of any kind?** **Tent?**

Food? **Sprinkler system on/off?** **Vehicles on site?**

Parking location? **Stage?** **Water supply needed?**

Additional special needs:

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Additional special needs:

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The below-signed acknowledges that he/she will comply with the requirements described on the Guidelines and Requirements page. The below-signed agrees to update the information described above as production plans change.

Authorized Representative

SIGNATURE:

Authorized Representative

PRINTED FULL NAME:

DATE