

FILM REQUEST FORM FOR THE CITY OF BURBANK

Attn: Norma Brolsma

Phone: 818/238-3100 Fax 818-238-3109
nbrolsma@burbankca.gov

Request By: _____	Phone: _____	Date: _____
Company: _____	Billing _____	
City, State: _____	Address: _____	
Project Title: _____	Phone: _____	
Location Manager: _____	Type: _____	
Director: _____	Cell Number: _____	
Producer: _____	Email Address: _____	
	1 st A.D.: _____	
	Production Manager: _____	

DATE(S)	(MAXIMUM 7 DAY PERIOD)	DAY(S) OF THE WEEK	ARRIVAL TIME/WRAP TIME

LOCATION(S) ADDRESS Loc. 1 _____

: _____

Loc 2 _____

Loc 3 _____

Loc 4 _____

TYPE OF ACTIVITY: (list activity at each location indicate interior or exterior filming, description of scene not necessary unless there will be: fight scene; pry used; animals at location; stunts)

ACTIVITY INVOLVES: ALTERATION OF LANDCAPE AUTO STUNT DRIVING SHOTS PHYSICAL FIGHTING

SPECIAL EFFECTS (SEE FIRE DEPT. PERMIT) WEAPONS ANIMALS • WILL ANY CITY FACILITY AND/OR BUILDING BE USED IN FILMING? _____ IF SO, CITY FACILITY ADDENDUM MUST BE ATTACHED. TENTS/CANOPIES

STREETS TO BE POSTED: _____

CITY PARKING LOTS USED: _____

APPROVED BY TRAFFIC ENG. _____

VEHICLE TOTALS: TRUCKS _____ DRESS RMS. _____ VANS _____ PICTURE CARS _____ CONDORS _____

GENERATOR(S) _____

CAST/CREW TOTALS:

OFFICERS REPORT TO:	LOCATION	TIME

