## FILM PRODUCTION APPLICATION (Major)

Project Name:		Date:	🏊					
City of Tualatin Community Development Department 18880 SW Martinazzi Avenue, Tualatin, Oregon 97062 www.tualatinoregon.gov								
Please provide	e all information approp	sing to film in the City riate to your production ar ss days prior to the start o	nd <u>fax</u> it to:					
Proposed Filming Dates in Tualatin:	to							
Production Company (Name):								
Approximate Size of Crew:								
Permanent Company Address/City/S	State/Zip:							
Permanent Co. Phone:	Fax:	Email:						
Local Address (if different):								
Local Office Phone:	Fax:	Email:						
Producer:	Phone:	Email:						
Production Manager:	Phone:	Email:						
Location Manager:		Phone:						
Mobile Phone:	Fax:	Email:						
Assistant Location Manager:		Phone:						
This Project is a (check one):								
□ Feature Film □ Television	/Programming Series 🛛	Short Subject 🗌 Music Vid	eo 🗌 PSA					
	ary Other 🛛							
Brief Description of Project:								
Insurance Policy #: (Proof of insurance will be requi		Agency: Famounts)						
	Terrer Corr	itact:						

PROJECT NAME: \_\_\_\_\_

DATE:\_\_\_\_

<u>Anticipated Services</u> Please indicate below any circumstances or services you may need for any locations									
<u>Circle all that apply</u>									
PUBLIC SERVICES									
Reserved Street Parking		Sewer Access		Transit					
Water Needs		Parks		Police					
Reserved Public/Off-Street Parking									
<u>C</u>	LOSURES	OR INTERMIT	TENT TRAFFIC C	ONTRO	<u>)L</u>				
Street			Sidewalk						
		<u>USE</u>	<u>OF</u>						
Excessive Noise	Generators		Public Buildings		Temporary Structures				
Pyrotechnics	Bridges		Stunts/FX		Filming from 10pm—7am				
Firearms	Animals		Public Schools		Other				
Explosives	-	Code Related Con- (Plans May Be Re- quired)							
Person Completing Form, Signature: Date:									
Printed Name:			Phone #:						
Thank you for choosing to	film in the	e City of Tualatin							
Phone: (503) 691-3020 Fax: (503) 692-0147 Email: jphillips@ci.tualatin.or.us		OFFICE USE ONLY Permit No Payment Type: Payment Amt.:\$		Permit Fee Application Fee Insurance Bond					
		Date Payment Rec	eived:// Date:						