

FILM PRODUCTION APPLICATION (Minor)



Project Name: _____ Date: _____

City of Tualatin Community Development Department
10699 SW Herman Road , Tualatin, Oregon 97062
www.tualatinoregon.gov

Welcome and thank you for choosing to film in the City of Tualatin

Please provide all information appropriate to your production and email to:
ssin@tualatin.gov **no later than 24 hrs (business day) before start of production**

Proposed Filming Dates in Tualatin: _____ to _____ Time: _____ to _____

Primary Contact (Name & Address): _____

Contact Phone: (____) _____ - _____; Email: _____

Approximate Size of Crew (including talent): _____

Parking Needs : How Many Vehicles? _____; On-Street _____ Off-Street _____

(Please Describe): _____

Types of Equipment Used: _____

_____ Time: from _____ to _____

Type of Project:

Brief Description of Project: _____

Consent of Property Owners? Yes _____ No _____ Will any filming be on public property or rights-of-way? Yes _____ No _____

(Please provide a list of consenting property owner names and addresses as an attachment to this form)

APPLICANT:

Sign: _____ Date _____

REVIEWER (Office Use Only)

Sign: _____ Date _____