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 Address: __________________________
City, State: __________________________ Phone: _________________________________
Project Title: _________________________ Type: _________________________________
Location Manager: ____________________ Cell Number: _____________________________
Director: ______________________________ Email Address: _________________________
Producer: _____________________________ 1st A.D.: _______________________________
Production Manager: __________________

<table>
<thead>
<tr>
<th>DATE(S) (MAXIMUM 7 DAY PERIOD)</th>
<th>DAY(S) OF THE WEEK</th>
<th>ARRIVAL TIME/WRAP TIME</th>
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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; pyro 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 ______________________

____________________ ______________________

____________________ ______________________