

FILM PERMIT APPLICATION

Name of organization insuring shoot:			R
Address (include city/state/zip code):			
Name of Main Contact:	Daytime Phone number:		_
Cell Phone number:			
Client Name:	Fax number:		
In what PARK would you like to hold your event?			_
I OCATION in park:			
What is your expected attendance (cast and crew)?			
SHOOT dates:	TIMES used on SHOOT days:		
RAIN dates:	TIMES used on RAIN days:		_
(For every date booked, you receive one free rain date. You	u can use either the SHOOT date OR the RAIN date	, but not	both.)
Is this a STILL or FILM/VIDEO shoot? (check	cone)		
*Will you need VEHICLE access WITHIN the park? .		Y	N
If yes, describe number, type, purpose	and where the vehicle is to be driven:		
is not approved during busy summer months, and will TRI-MET)? Y N If yes, describe where and s		sor and	
Will you have AMPLIFED SOUND and/or MUSIC ar If YES, describe:		Y	N
*Will you use CANOPIES or TENTS?		Y	N
If YES, number: size:		3.7	
If using Waterfront Park, will you use stakes?		Y	N
If YES, where? *Will you have a CATERING SERVICE?		***	
	••••••	Y	N
If YES, where and with what equipment/vehicles?		**	
*Will you need park ELECTRICITY?		Y	N
Will the camera be HANDHELD?		Y nto the a	N
*Please give a GENERAL EVENT DESCRIPTION, d (i.e. Camera equipment, lighting equipment, dolly track, etc.) (att		ло ше р	агк

Fax to: Portland Parks, FAX# 503-823-2515 or Email to droberson@ci.portland.or.us or kitax@ci.portland.or.us

*please draw on site plan (please use attached map). For your protection, you can call in credit card numbers, but not email them.

revised: 09/12/2008

Customer Service Center
1120 SW 5th Ave., Suite 1302
Portland, OR 97204
Tel: (503) 823-2525 Fax: (503) 823-2515