

Location Filming Application



WHEN APPLICATION IS COMPLETE

Save this document to your computer and email it as an attachment to mriehl@portstoronto.com
Attn: Filming Request

OFFICE USE ONLY

| | |
|--------------------------|---|
| FILM COMPANY: | PHONE NUMBER: |
| ADDRESS: | PRODUCTION TYPE: |
| PROJECT TITLE: | <input type="checkbox"/> Feature <input type="checkbox"/> TV Special <input type="checkbox"/> Mini Series <input type="checkbox"/> Movie for Television <input type="checkbox"/> Music Video <input type="checkbox"/> TV Series <input type="checkbox"/> Commercial <input type="checkbox"/> Student <input type="checkbox"/> Other |
| LOCATION MANAGER: | CELL NUMBER: |

| | |
|--|---|
| FILM LOCATION <i>(select all applicable):</i> | <input type="checkbox"/> Exterior Filming <input type="checkbox"/> Interior Filming <input type="checkbox"/> Water <input type="checkbox"/> Boat |
| PRODUCTION DESCRIPTION: | |
| FILMING DATE(S): | |
| Start Date: | End Date: |
| Prep Day Needed: | Wrap Day Needed: |

| |
|--|
| SPECIAL REQUIRMENTS: <input type="checkbox"/> Gunshots <input type="checkbox"/> Explosions <input type="checkbox"/> Night Filming <input type="checkbox"/> Animals <input type="checkbox"/> Stunts <input type="checkbox"/> Other |
| Explain/Describe: |

Information collected on this form is for office use only and will be used in accordance with the Canada Privacy Act. This information is used to obtain consent for filming, to permit location access and for record keeping purposes.