

# Location Filming Application



**WHEN APPLICATION IS COMPLETE**

Save this document to your computer and e-mail it as an attachment to mriehl [AT] portstoronto [DOT] com or print the completed form and fax it to 416-863-0495, Attn: Filming Request

**OFFICE USE ONLY**

<b>FILM COMPANY:</b>	<b>PHONE NUMBER:</b>
<b>ADDRESS:</b>	<b>FAX NUMBER:</b>
<b>PROJECT TITLE:</b>	<b>PRODUCTION TYPE:</b> <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
<b>LOCATION MANAGER:</b>	<b>CELL NUMBER:</b>

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

<b>SPECIAL REQUIRMENTS:</b> <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
<b>Explain/Describe:</b>

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.