## **Filming Application**

Please complete the filming application to best of your knowledge. The completed application must be reviewed by the Town of Madisonville. The application must be accessible on location at all times. If all information is not known at this time, please put TBD in the field. A Certificate of Insurance must be on file with the Town of Madisonville. Please attach it below.

## Type of Production Commercial Feature Documentary Music Video TV/ Series/ Plot Still Photography Company Information Name: Address: State:\_ Zip Code:\_\_\_ City:\_\_\_ Phone:\_\_ Fax: **Production Office** only needed if different from Company Information Address: State: Zip Code:\_\_\_\_\_ Contacts Prepared by:\_

Phone:\_\_

Location Manager:		
Email:		Phone:
	General	Production Details
Scouting Start Date:		Scouting End Date:
Shooting Start Date:		Shooting End Date:
Title or Product:		Director:
Estimated Budget:		Cast/ Crew Size:
Street Closures Ne	eded:	
Police Detail:	Needed	Not Needed
If Needed: How Ma	any	
	Special	Production Notes
Pleas		s such as parking, locations, times, etc
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