Oshawa
Prepare To Be Amazed

Shoot Durham

DURHAM REGION

# Filming Location Permit

**See terms and conditions on reverse**

**Date:**_____

Name of Applicant: _____ Phone: _____

Position / Title: _____ Cell: _____

Production Co: _____ Fax: _____

Address: _____

_____

**Film Title**: _____

**Location Sites**:_____

(all public roads _____

and properties) _____

**Activity Description**: _____

(state purpose of road _____

occupancy) _____

_____

_____

**Check as appropriate**:

- ☐ **Intermittent Traffic**
- ☐ **Traveling shots**
- ☐ **Special Effects/Gunfire**
- ☐ **ETS/EDU/Fire Dpt**
- ☐ **Businesses/Residents Notification**
  **(copy of notice delivered)**
- ☐ **Insurance attached**
- ☐ **Road closure required**
- ☐ **Night shots**
- ☐ Fee(s) Paid

**Commencement of Filming:** _____ **Time:** _____

**Completion of Filming:** _____ **Time:** _____

**Completion of Restoration:** _____ **No. of Production Vehicles:**_____
(if required)

| **Special Conditions** (attachment if required) |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |

**Production Company**

I / we hereby agree to all terms and conditions set forth in this permit and agree to assume all costs for damages.

_____
Accepted for Production Company

| | |
|---|---|
| **Insurance Requirement(s) Met (City's Insurance Officer)** | **Date**: |
| **Durham Regional Police Services Acknowledgement** | **Date**: |
| **Region of Durham Approval (as required)** | **Date**: |
| **Oshawa Fire Services (approval required for FX)** | **Date**: |
| **City of Oshawa, Transportation Services Approval** | **Date:** |