



P.O. Box 190  
51 Toronto St. S  
Uxbridge, ON L9P 1T1

# Film Location Permit

Roads Information  
905.852.9181 - Phone

Film Liaison Office  
905.852.9181 - Phone

Permit Submission  
905.852.9674 - Fax

<b>Name of Applicant:</b>	_____	<b>Date:</b>	_____
<b>Position/Title:</b>	_____		
<b>Production Co.:</b>	_____	<b>Phone:</b>	( ) _____
<b>Address:</b>	_____	<b>Mobile:</b>	( ) _____
	_____	<b>Fax:</b>	( ) _____
	_____	<b>24</b>	
	_____	<b>hour:</b>	( ) _____

**Film Title:** \_\_\_\_\_

<b>Location Sites:</b>			<u>Date</u>	<u>Time</u>
1. _____			_____	_____
2. _____		<b>Commencement of Filming</b>	_____	_____
3. _____		<b>Completion of Filming</b>	_____	_____
4. _____		<b>Completion of Restoration</b>	_____	_____
5. _____		(if applicable)		

**Activity Description:** \_\_\_\_\_  
(state purpose of road occupancy, attach extra pages as required)

**Check as appropriate:**

- Intermittent traffic stoppages**  **Road closure**  **Traveling shots**  
PDO required 5 working days required PDO required

**Applicant's responsibilities before filming to commence:**

Please check any applicable boxes

- PDO/TSU /ETS on site.  
 Businesses and residences to be notified – a draft letter must accompany this application.  
 Copy of insurance – naming the Township of Uxbridge as an additional insured in an amount not less than 5 million dollars must accompany this application.  
 The production company must notify the Township of Uxbridge of any filming activity before 6:30 am or after 8:00 pm.  
 The production company must notify the Township of Uxbridge of the use of SPFX and gunfire – Fire Services personnel may be required.

<b>Special Conditions – office use only</b>	<b>Production Company</b>
	I/we hereby agree to all terms and conditions set forth with this permit and agree to assume all costs for damages and/or restoration. <b>Do not sign until special conditions applied and permit approved.</b>
<b>Accepted for Production Company</b>	

<b>Permit Approved:</b>	_____	<b>Acknowledged:</b>	_____
	Municipal Property & Engineering Div. Date		Road Authority Date
<b>Authorization for Road Closure:</b>	_____	<b>Copy To:</b>	_____
	Division Head Date		Municipality/Region Date
<b>Acknowledged:</b>	_____	<b>Acknowledged:</b>	_____
	Film Liaison Office Date		Other Agency Date

## Township of Uxbridge Fire Department Pay Duty Request

**Please print clearly**

**Business Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
 Street # & Name                      Suite                      City                      Province                      Postal Code

**Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Location of Pay Duty (Address):** \_\_\_\_\_

**Description of Pay Duty i.e.:** \_\_\_\_\_

Date Requested	Times (am/pm) (3 hour minimum) From                      To	Number of Fire Personnel Required	Number of Fire Vehicles Required	Type of Vehicle	Special Equipment
<b>Fire Department Pay Duty Rates</b>				Fee	Total (including GST)
Standby Request ( <i>by private companies, developers, industry, provincial or regional government, other than Emergency Response</i> ) <input type="checkbox"/> Per Vehicle for the 1 <sup>st</sup> hour or part thereof <input type="checkbox"/> Per Vehicle for the ½ hour or part thereafter				350.00	374.50
				175.00	187.25
Emergency Response to Motor Vehicle Accidents on Ministry of Transportation Highways as per the Province of Ontario's Rates. Plus Any Additional Clean Up Costs (Cost recovery through MTO) <input type="checkbox"/> Per Vehicle per hour of part thereof <input type="checkbox"/> Per Vehicle for every ½ hour or part thereafter				350.00	350.00
				175.00	175.55

**\*\* NOTE:** These rates are regulated by the Ministry of Transportation Ontario  
 Please Sign and Fax to

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Purchase Order #** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Pay Duty Office Use Only**

**Pay Duty Coordinator Signature:** \_\_\_\_\_ **Extension:** \_\_\_\_\_ **Reg #:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Customer Record Number** \_\_\_\_\_



# Private Location Notification Form

Filming Location \_\_\_\_\_

Date of Filming \_\_\_\_\_

Location Address \_\_\_\_\_

Type of Production

Production Title \_\_\_\_\_

- Feature Film    
  TV Movie    
  TV Series    
  Documentary    
  Music Video    
  Commercial

Production Company \_\_\_\_\_

Address \_\_\_\_\_

Producer(s) \_\_\_\_\_

Director \_\_\_\_\_

Type Effects *(Please mark appropriate items with an X)*

- |                          |             |                          |                            |                          |             |
|--------------------------|-------------|--------------------------|----------------------------|--------------------------|-------------|
| <input type="checkbox"/> | Fire/ Smoke | <input type="checkbox"/> | Stunts                     | <input type="checkbox"/> | Gunfire     |
| <input type="checkbox"/> | Explosions  | <input type="checkbox"/> | Special Effects            | <input type="checkbox"/> | Noxious Gas |
| <input type="checkbox"/> | Gun Fire    | <input type="checkbox"/> | Collision – car, air craft | <input type="checkbox"/> | Security    |
| <input type="checkbox"/> | Fighting    | <input type="checkbox"/> | Other _____                |                          |             |

Please identify where vehicles will be parked? \_\_\_\_\_

Please indicate country of origin for your production

- Canada    
  US    
  Canada/US Co-Venture  
 Co-Production between Canada and \_\_\_\_\_  
 Foreign (specify) \_\_\_\_\_

Budget Information *(Please indicate whether amounts are in Canadian or US funds)*

Total Budget     \$ \_\_\_\_\_ Cdn/US     Spent Locally \$ \_\_\_\_\_ Cdn/US  
 TV Series     \$ \_\_\_\_\_ Cdn/US per episode x \_\_\_\_\_ episodes = \$ \_\_\_\_\_

Would you be agreeable to forward to our liaison office negatives/prints/digital images (2 maximum) upon completion of your film shoot?    YES    NO

**Please fax or mail completed form to the Township of Uxbridge**

Film Liaison Office

Fax: 905.852.9674   Phone: 905.852.9181

P.O. Box 190, 51 Toronto St. S