

City of Shreveport / Caddo Parish Filming Permit Application

Date:	Project Title:
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Production Co:	Production Type:
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Address:		
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City:	State:	Zip Code:
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Location Mgr:	Other Contact:
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Phone:	Cell:	Fax:
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Production Budget: \$	Total Personnel:	
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# of Production Days:	# of Motel/Hotel Nights:	
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Production Begin Date:	Production End Date:	
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Please check all that apply:	
<input type="checkbox"/> Street Closures <input type="checkbox"/> Intermittent Traffic Control <input type="checkbox"/> Pyrotechnics/Fire:	<input type="checkbox"/> Use of City Buildings <input type="checkbox"/> Parking Meter Bagging <input type="checkbox"/> Special/Other: _____

Other services needed, please explain:

Insurance Company:	Additional Insured Received:
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NOTE: A list of all locations must be provided at the time of permitting at least 2 weeks prior to beginning production (Any location changes during production must be communicated and approved).

Applicant agrees to all of City of Shreveport terms and conditions.

Production Company Representative: _____ Date: _____

City Film & Media Representative: _____ Date: _____