



CITY OF West Linn

FILM PRODUCTION Permit Application

Applicant _____ Date: _____

Address _____

Phone _____ Fax _____ e-mail _____

Specific Location: _____

Date of Use: _____

Hours of Operation: _____

Approx. # of Personnel: _____

Number and Type of vehicles and length of longest vehicles or combination thereof:

Power Source: _____

Use of other city property (i.e. parks etc) _____

Must Provide: Certificate of Insurance naming the City of West Linn as additional insured: _____

-----**TO BE FILLED OUT BY CITY STAFF BELOW**-----

- _____ Police Department must be contacted directly for traffic control coordination
- _____ Road closures, if any, will necessitate a traffic control meeting
- _____ Stunts or special effects will require meeting with Police, Fire and other specifically effected City Departments.

_____ APPROVED
_____ NOT APPROVED
_____ FEE:

Other Comments: _____

City Representative _____ Date: _____