



**Film Permit Application**  
Email to: [macosta@glendaleca.gov](mailto:macosta@glendaleca.gov)

<input type="checkbox"/> Commercial <input type="checkbox"/> Music Video	<input type="checkbox"/> Feature Film <input type="checkbox"/> PSA	<input type="checkbox"/> TV Series <input type="checkbox"/> Still Photo	<input type="checkbox"/> Reality TV <input type="checkbox"/> Documentary	<input type="checkbox"/> Student Film <input type="checkbox"/> Director's Reel
---	---	--	---	---

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Director: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**REQUESTED LOCATION:** Location #1: \_\_\_\_\_ Date: \_\_\_\_\_

**HOURS OF PARK USAGE:** Preparation/Move-In : From \_\_\_\_\_ To \_\_\_\_\_

Filming : From \_\_\_\_\_ To \_\_\_\_\_

Clean-up/Move-Out: From \_\_\_\_\_ To \_\_\_\_\_

**NUMBER OF VEHICLES:** Cast/Crew Cars \_\_\_\_\_ Trucks \_\_\_\_\_ Motor Homes \_\_\_\_\_

Camera Cars \_\_\_\_\_ Catering Trucks \_\_\_\_\_ Star Wagons \_\_\_\_\_

**SPECIAL EFFECTS:** \_\_\_\_\_

**FACILITY ALTERATIONS:** \_\_\_\_\_

**DESCRIPTION OF FILMING ACTIVITIES:** Describe in detail all filming activities.

**TALENT NAMES:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing This Form

\_\_\_\_\_  
Date