

FAX TO: (705) 435-6907	Date of Application:
ATTENTION: Film Liaison	PERMIT #:

**Nottawasaga Community
Economic Development Corporation**

Film Company :	Production Type :
Address :	Phone Number :
Location Manager :	Cell Number :
Project Title :	Fax Number :
Episode Number if a TV Series:	Number of Production Vehicles :

Film Location :	From (Date and Time) To
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Location of Production Vehicles (including Parking Plan)	From (Date and Time) To
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ADDITIONAL INFORMATION:
<input type="checkbox"/> Parking Plan <input type="checkbox"/> Script <input type="checkbox"/> Brief Description of Scene <input type="checkbox"/> Number of Cast and Crew Members <input type="checkbox"/> List of Any Stunts and Special Effects

SUPPORTING DOCUMENTATION :
<input type="checkbox"/> Certificate Of Insurance <input type="checkbox"/> Security Deposit (if required) <input type="checkbox"/> Notification to Affected Residents/Occupants/Business (if required) <input type="checkbox"/> Letters from Fire/Police/Ambulance (if required)