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Film Permit Application

APPLICANT INFORMATION	
Your Name and Title:	Your Email Address:
Title of Decisety	Estimated Airdate Drint Date and/or Enjaced # 9 Title
Title of Project:	Estimated Airdate, Print Date, and/or Episode # & Title:
Production Type:	Talaviaian
☐ Feature ☐ Commercial ☐ Still Photography ☐ Short Subject	Television □ Industrial / Web □ Music Video ct □ PSA □ Documentary □ Student Project
Producer:	Director:
CREW INFORMATION:	
Location Manager:	Cell/Main Phone:
Location Assistant/Scout:	Cell/Main Phone:
Desdusting Magazine	Call/Main Dhana.
Production Manager:	Cell/Main Phone:
PRODUCTION COMPANY OFFICE:	
Production Company Name:	
Address:	
City:	State: Country: Zip:
Telephone:	
E-mail:	

LOCATIONS:							
Location and Address	INT/ EXT/ BOTH	Date	Start Time	End Time	Special Conditions	Location Contact Name	Location Contact Telephone
*Please list complete information	on for ad	ditional l	ocations	on a sep	oarate sheet.		
DETAILS:							
Number of Cast and Extras:	Num	ber of C	rew:		□Proof of Insurance Includ	ded (<i>Please attach</i>	documentation.)
Starring:							
Synopsis:							
Police Services needed?:							
Traffic Control needed?:							
Reserved Parking needed?:					Note:	Parking diagram	mav be required
Special Effects or Stunts:							
Additional Information:							
Please note: Upon review of y you may have costs associated						ghborhood Notifica	ation and
A G R E E M E N T							
On behalf of myself and any age (Production Company), I agree and Conditions, including the Institute of the	to comply	with the	e Oakland	l Filming	Activities Ordinance and the	e Filming Permit Te	erms
Applicant's Signature, Title						Date	
For office use only:							
☐ Approved	Permi		ber:		Issue Date:/	<u> </u>	