

Shreveport-Bossier Film Office Filming Permit Application

Date: _____ Project Title: _____

Production Co.: _____ Production type: _____

Address: _____ Location Mgr: _____

City: _____ Other Contact: _____

State: _____ Zip Code _____ Production Budget: \$ _____ Total personnel: _____

Phones: _____ Cell: _____ Fax: _____

Dates of production: ____/____/____ -to- ____/____/____ # of production days _____

Total # of R/T airline flights from LAX to Shreveport or DFW _____

Total # of motel/hotel nights _____

Please check the following if applicable:

____ Street Closures _____ Special/ other: _____

____ Intermittent traffic control _____ Parking meter bagging

____ Pyrotechnics/fire _____ Use of City buildings

Other services needed, please explain: _____

Insurance Company: _____ Additional insured received _____

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

Applicant agrees to all of City terms and conditions

Production Company Representative: _____ Date ____/____/____

City Film & Media Representative: _____ Date ____/____/____

Contact: David "Rocky" Rockett, Film Liaison
(318) 742-6043 or cell (318)347-9847

Please complete and email this form back to: rockett@gbdef.org