



City of **Santa Monica**

Department of Public Works
Administrative Services Division

Fax: (310) 576-3598
Phone: (310) 458-8737

FILM PERMIT APPLICATION

Name of Production Company _____

Address _____

Phone: _____

Name of Contact _____

Phone: _____

TYPE OF FILM

Television

Motion Picture

Commercial Stills

Video

Education

Non-Profit

Student

Other

Film Title _____

No. of Personnel _____

Vehicle/Equipment to be used _____

Certificate of Insurance? Yes No

Animals to be used? Yes No

SCENES

(1) Location _____

Time _____ Date _____

Scene _____

(2) Location _____

Time _____ Date _____

Scene _____

(3) Location _____

Time _____ Date _____

Scene _____

(4) Location _____

Time _____ Date _____

Scene _____