

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, 2001 and will be used to issue a filming location permit. Information contained on this form will be disclosed to the Region of Durham's Planning & Economic Development Department to track filming activities occurring within the City of Oshawa and the broader Durham Region area. Questions concerning collection of personal information should be directed to the City's Freedom of Information and Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, by phone at 905-436-3311, or by email at clerks@oshawa.ca.

Once complete, please email to business@oshawa.ca or fax to 905-436-5623.

- New Application
 Revised Application

Attachments Required:

- Sketches
 Certificate of Insurance

Date _____

Production Company:	Address:
Name of Applicant:	Position or Title:
Location Manager:	Cell Number:
Project Title:	Fax Number:
Additional Contacts:	Email:
Number of Cast and Crew:	Production Type: <input type="checkbox"/> Feature Film <input type="checkbox"/> TV Movie <input type="checkbox"/> TV Series <input type="checkbox"/> Commercial <input type="checkbox"/> Documentary <input type="checkbox"/> Music Video <input type="checkbox"/> Student Project <input type="checkbox"/> Other (please specify) _____
Filming Location:	Date(s):
Total Number of Shoot Days:	Hours: From: To:
Special Instructions (provide a brief activity description of scene and attach applicable sketch(es)):	

Check all that apply:

Day Shot Night Shot Special Effects (FX) Gunfire Loud Noise
 Traveling Shots Road Closure Intermittent Traffic Sidewalk Closures

Total number of vehicles:

Off-site parking required: Yes No

Restoration of Site Required: Yes No

Production Company: I/we hereby agree to all the Filming Location Permit Terms and Conditions set forth by the City of Oshawa at www.oshawa.ca/business-and-investment/filming-office.asp and agree to assume all costs for damages.

_____ Date

_____ Accepted by Production Company

For Office Use Only:

City Insurance Requirement(s) Met	Name:	Date:
Durham Regional Police Service Acknowledgement	Name:	Date:
Region of Durham Approval (as required)	Name:	Date:
Oshawa Fire Services Approval Required for Special Effects (FX)	Name:	Date:
City Transportation Services Approval Road Occupancy Permit required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Date:
Municipal Law Enforcement Office Acknowledgement	Name:	Date: