

Company Name:			
Company Address:		City:	State:
Country:	_ Zip Code:		
Company Phone:	Cor	npany Contact Person:	
Company Contact Email:			
Production Contact:		Cell Phone:	
Email Address:			
Production Informa	tion		
Type of Production:			
Date Requested:	Hours:	Location:	
Cast: Crew:	Extras:	Total number of Peop	ole on site:
Total Number of Vehicles: _		Type of Vehicles:	
Base Camp Location:			
Equipment List:			
NOTE: Park filming would	require the following	j:	
* Site map with specific film			ald are V
* Specific usage of park faci	nties (tennis courts, b	asketball courts, football fie	eid, etc.)
Detailed Description of Co.			
Detailed Description of Sco	ene: 		
Any Special Effects or Wear	ons?		

Pedestrian/Vehicle Traffic Control:
Will production be working on a sidewalk?YesNo
Will you need swale parking? Yes No
Will your production interfere with Traffic?YesNo
Are you requesting a road closure?YesNo CLOSURE OF STREETS OR SIDEWALKS WILL REQUIRE A MOT AND FINAL APPROVAL FROM PUBLIC WORKS. IN ADDITION, DORAL POLICE OFFICERS MUST BE ON SITE WITH A 3 HOUR MINIMUM.
If you answered yes to any of the above questions please give a detailed description below:

KNOWN RESTRICTIONS:

- 1. NO BLOCKING OR CLOSING ANY STREETS OR ROADWAYS
- 2. FILMING EQUIPMENT WILL BE STAGED IN A MANNER THAT MAINTAINS AN ADA COMPLIANT PATH ON THE SIDEWALK
- 3. CABLE PLACEMENT ACROSS SIDEWALKS ARE TO BE SECURITED IN A MANNER THAT AVOIDS CABLE CROSSING TRIPPING HAZARD
- 4. STAFF PARKING MUST BE IN MARKED SPACES