

WEST FELICIANA PARISH/TOWN OF ST. FRANCISVILLE
FILMING APPLICATION

Applicants must complete this form to the best of their knowledge. The completed application must be reviewed by _____ and must be accessible on location at all times. If all information is not known at this time, please put "TBD" in the field. Additionally, productions must schedule a pre-production meeting with _____

TYPE OF PRODUCTION:

_____ Feature _____ Commercial _____ Documentary _____ Music Video
_____ TV Series/Pilot _____ Still Photography _____ Student Film
_____ Movie of the Week

COMPANY INFORMATION:

Production Office (if different than company name/address)

Name _____	Address: _____
Address: _____	City: _____
City: _____	State: _____
Zip: _____	Zip: _____
Phone: _____	
Fax: _____	

PREPARED BY:

Name: _____	Phone: _____	Cell: _____
Email: _____	Phone: _____	Cell: _____
UPM: _____	Phone: _____	Cell: _____
Line Producer: _____	Phone: _____	Cell: _____
Location Mgr. _____	Phone: _____	Cell: _____
Unit Publicist: _____	Phone: _____	Cell: _____

GENERAL PRODUCTION DETAILS:

Pre-Production _____ to _____
Production _____ to _____
Title or Product: _____
Director: _____
Budget: _____ Cast/Crew Size: _____
(Estimated) (Estimated)

Insurance Certificate Submitted? Yes _____ No _____ Street Closure? Yes _____ No _____
Intermittent Traffic Control? Yes _____ No _____ Pyrotechnics/SPFX? Yes _____ No _____

Special Production Notes

Specific details such as locations, parking etc.