



CONTACT INFORMATION

Name of Production Company:			
Address:			
Name of Insured on Certificate of Liability Insurance:			
For insurance requirements please see: Liability Insurance Guidelines			
Name of primary contact person:			
Title:			
Phone:	Office:	Cell:	
Email:			
Name of secondary contact person:			
Title:			
Phone:	Office:	Cell:	
Email:			
Production Type:	Film/Feature	Television	Commercial
# of crew members:	Production Description and/or PO#		

A Traffic Control Plan (TCP) may be required for some requested uses.
Contact Allison Madsen at 503-865-2482 or Allison.Madsen@portlandoregon.gov
for more information regarding TCP submittal.

REQUESTED LOCATION (S) FOR SIDEWALK/LANE/STREET CLOSURE

Location 1

Dates:		Requested Times:	
Name of street:			
Which side of the street: (N, S, E, W)			
Names of BOTH nearest adjacent cross streets:			
Location	Sidewalk	Lane	Street
Type of Closure:	ITC (1-5 min max)	FULL	None

Location 2

Dates:		Requested Times:	
Name of street:			
Which side of the street: (N, S, E, W)			
Names of BOTH nearest adjacent cross streets:			
Location	Sidewalk	Lane	Street
Type of Closure:	ITC (1-5 min max)	FULL	None

REQUESTED LOCATION (S) FOR SIDEWALK/LANE/STREET CLOSURE

Location 3

Dates:		Requested Times:	
Name of street:			
Which side of the street: (N, S, E, W)			
Names of BOTH nearest adjacent cross streets:			
Location	Sidewalk	Lane	Street
Type of Closure:	ITC (1-5 min max)	FULL	None

Location 4

Dates:		Requested Times:	
Name of street:			
Which side of the street: (N, S, E, W)			
Names of BOTH nearest adjacent cross streets:			
Location	Sidewalk	Lane	Street
Type of Closure:	ITC (1-5 min max)	FULL	None

Location 5

Dates:		Requested Times:	
Name of street:			
Which side of the street: (N, S, E, W)			
Names of BOTH nearest adjacent cross streets:			
Location	Sidewalk	Lane	Street
Type of Closure:	ITC (1-5 min max)	FULL	None

Location 6

Dates:		Requested Times:	
Name of street:			
Which side of the street: (N, S, E, W)			
Names of BOTH nearest adjacent cross streets:			
Location	Sidewalk	Lane	Street
Type of Closure:	ITC (1-5 min max)	FULL	None

Location 7

Dates:		Requested Times:	
Name of street:			
Which side of the street: (N, S, E, W)			
Names of BOTH nearest adjacent cross streets:			
Location	Sidewalk	Lane	Street
Type of Closure:	ITC (1-5 min max)	FULL	None