

FILM AND VIDEO APPLICATION Street or Sidewalk Uses



CONTACT INFORMATION

Name of Production Company:							
Address:							
Name of Insured on Certificate	Name of Insured on Certificate of Liability Insurance:						
For insurance requirements ple	ase see: <u>Liabilit</u> y	/ Insurance Guidelines					
Name of primary contact perso	n:						
Title:							
Phone:		Office:	Cell:				
Email:							
Name of secondary contact per	rson:						
Title:							
Phone:		Office:	Cell:				
Email:							
Production Type: Film/F	eature	Television		Commercial			
# of crew members:	Production De	scription 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:	Name of street:				
Which side of the s	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:	Name of street:				
Which side of the st	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	

Email: filmoffice@prosperportland.us
Website: www.portlandfilmoffice.com

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 s	treet: (N	I, 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:	Name of street:					
Which side of the s	Which side of the street: (N, S, E, W)					
Names of BOTH ne adjacent cross stree						
Location		Sidewalk	Lane	Street		
Type of Closure:		ITC (1-5 min max)	FULL	None		

Location 6

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

Location 7

Dates:	Requested Times:				
Name of street:	Name of street:				
Which side of the st	treet: (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	