## City of Shreveport/Northwest Louisiana Filming Permit Application Project Title:

Date:	Project Title:		
Production Co.:		Production type:	
Address:	Loc	Location Mgr:	
City:	Oth	Other Contact:	
State:Zip Code	Production Budget: \$_	Total personnel:	
Phones:	Cell:	Fax:	
Dates of production:/_	/ to//	# of production days	
Total # of R/T airline flights from	om LAX to Shreveport or DFW _		
Total # of motel/hotel nights	(# of crew X # of nights)		
Please check the following if a	pplicable:		
Street Closures	Special/ other:		
Intermittent traffic control	Parking meter bagging Use of drones		
Pyrotechnics/fire	Use of City buildings		
Other services needed, please e	explain:		
Insurance Company:		Additional insured received:	
	nust be provided at the time of perm tion changes during production mu	nitting at least 2 weeks prior to st be communicated and approved)	
Applicant agrees to all of City	terms and conditions		
Production Company Represen	tative:	Date//	
City Film & Media Representative:		Date/	
City of 505 Tr	or of Film, Media, and Entertainme f Shreveport avis Street Suite 200 Em port, LA 71101	ent Ph: 318-673-7515 Fax: 318-673-5085 ail: arlena.acree@shreveportla.gov	