Hayward Area Recreation and Park District

1099 E Street
Hayward, CA 94541
(p) (510) 881-6700 (f) (510) 888-5758
www.HaywardRec.org

REQUEST TO FILM/PHOTOGRAPH APPLICATION

Filming/Photograph

Location of Request: _____ Date(s): _____

Applicant Name: _____
Last *First*

Address: _____
Number *Street* *City* *State* *Zip Code*

Phone: _____ Email: _____

Production Company: _____

Main Contact: _____

Phone: _____

Type of Production (Please Check Below):

☐	Feature Film	☐	Promotional Video	☐	Educational	☐	Student Film/Photo
☐	TV Series/Movie	☐	TV Commercial	☐	Documentary	☐	Exempt

Location Manager: _____ Phone: _____

Location/Park: _____ Time & Duration: _____

Number of Crew: _____ Number of Cast: _____

Number of Vehicles: _____

Type of equipment that will be used at site (examples - lighting, vehicles, generator etc.):

Description and Purpose of Filming (Please feel free to attach supporting documents):

On behalf of myself and any agents, employees and contracts affiliated with _____ (Production Company), I agree to comply with the Hayward Area Recreation and Park District Ordinance and the Filming Permits Terms and Conditions, including the insurance and indemnification requirements.

_____ _____

Applicant Signature, Title Date

For Office Use Only

Staff Reviewer: _____ Date: _____

Request: ☐ Approved ☐ Denied Date: Fees:

Notes:

Reason Denied: