Hayward Area Recreation and Park District

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: