



Hayward Area
Recreation and Park
District

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Hayward, CA 94541
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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):

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Feature Film | <input type="checkbox"/> Promotional Video | <input type="checkbox"/> Educational | <input type="checkbox"/> Student Film/Photo |
| <input type="checkbox"/> TV Series/Movie | <input type="checkbox"/> TV Commercial | <input type="checkbox"/> Documentary | <input type="checkbox"/> 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: _____