



Filming Application Form

Sacramento County Department of Regional Parks

Please return all applications to Department of Regional Parks –
Recreation Services Division, 10361 Rockingham Drive, Suite 100, Sacramento CA 95827,
email parkevents@saccounty.net or fax to (916) 875-6632.

This application and all other required materials must be returned with a non-refundable \$150 filing fee.

Organization:	
Name:	
Address, City, State, Zip code:	
Daytime Phone:	Fax:
Email Address:	
Name of contact for day(s) of filming:	
Cell phone number of contact:	
Organizations website address:	
Tax Exempt # (if non-profit group):	

<u>Locations of Filming</u> Please provide map and use separate sheet if necessary		
Location(s):	Dates of filming	Approx. Time
1.		
2.		
3.		
4.		
5.		

Overall Event Description

Summarize the scene(s) to be filmed. Specific location requested (please use attachments when necessary). A copy of the script must also be provided with application.

Will you be incorporating Extraordinary scenes (fights, robbery, speeding car(s), use of fire or explosives, weapons, etc.)? YES NO

If yes, please explain:

Will street closures or traffic control be needed? YES NO

If yes, please describe location(s):

List streets/areas below to be posted with temporary parking regulations:

Area	Date(s)	Type of closure

Please indicate below the number of vehicles to be parked on County property:

Trucks:	Vans:	Buses:	Generators:
Production cars:	Picture cars:	Dressing rooms:	Other (specify):

Will animals be used while filming? YES NO

If yes, please list the type of animal(s) being used and the number of each type of animal:

Are County services requested? YES NO

If yes, please explain type of request:

To be completed by Sheriff's Department (if applicable)		
Sheriff's Department Approval (if required)	By:	Title:
Off-Duty Sheriff Deputies required (to be paid by Permittee)	<input type="checkbox"/> Foot	<input type="checkbox"/> Vehicle
Special conditions of approval:		
Authorized Signature:		Date:

To be completed by Fire Department (if applicable)		
Fire Department approval required: <input type="checkbox"/> YES <input type="checkbox"/> NO	By:	Title:
Fire Agency:		
Fire Apparatus required: <input type="checkbox"/> YES <input type="checkbox"/> NO	By:	Title:
Permit number of Fire Agency:		
Special conditions of approval:		
Authorized Signature:		Date:

Filming Application Requirements:

- A layout map of your filming location(s) must be submitted with this application.
- A copy of the script or section to be filmed in Regional Parks is to be submitted with this application.

Organizations must allow up to four (4) weeks for application to be reviewed.

TERMS AND CONDITIONS

- **General Liability insurance is required to be on file in our office in the amount of \$1,000,000 with Sacramento County named as other insured and certificate holder.**
- A one hundred-fifty dollar (\$150) non-refundable application fee must be paid with the filling of the application, and the amount required for departmental charges, if any must be deposited before the permit will be issued. Please make checks payable to County of Sacramento.
- County shall not be held responsible for the security and safety of applicant's equipment or supplies. Neither County nor any of its officers or employees shall be held responsible for loss or damages resulting from any cause whatever of any property of the applicant.
- Noise impacts must be to a minimum.
- No flying/drone type cameras on the Parkway or in Regional Parks unless a separate permit was issued.

- If using fire, applicant must receive written approval of the fire department having jurisdiction prior to filming.
- Parking/Day use fees are required in conjunction with permit fees.
- No vehicles are allowed on lawns or closed areas without prior permission.

I, the undersigned representative, am duly authorized by the organization to submit this application on its behalf and understand that, with the exception of credit card information, the information contained in this application will be available as a public record. The information contained herein is complete and accurate.

Applicant Name (printed): _____

Signature: _____ Date: _____

✂ ✂ After processing application payment information is destroyed by the Department ✂

Payment Information		
Amount Due: \$50.00	Payment Method (check all that apply)	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check/Money Order # _____	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Card #:	Expiration Date:	
Verification code (Last 3 digits on signature strip):		
Authorized Signature:	Date:	