

**APPLICATION FOR FILMING
FILMING & PHOTOGRAPHY POLICY - FP.006**



Applicant Information

Individual Corporation Sole Proprietor Partnership

Applicant / Organization Name: _____

Mailing Address: _____

Contact Name: _____ Phone: _____

E-mail: _____

Details of Filming Request

Location of Activity/Event: _____

Filming / Shooting Period: Date(s): _____ to _____

Time(s): _____ to _____

Details of Filming / Photography Activity:

(for filming or photography on Town of Inuvik land, premises, or property, attach a detailed location schedule)

Please provide a brief description of projected community impact:

(economic impact, effect on local people, lifestyles, or livelihoods, promotion of the Town of Inuvik)

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Date received: _____

Proof of Insurance: _____

Director review date: _____

Approved

Denied

Modified Approval
(list conditions below)

Conditions (if any): _____

