

CONTACT INFORMATION

## Filming Parking Request Form

For more information call the Production Coordinator at 604.469.4681

PRODUCTION COMPANY NAME:		
PRODUCTION TITLE:		
BUSINESS MAILING ADDRESS:		
BUSINESS TELEPHONE:		FAX:
LOCATION MANAGER NAME:		CELL:
ALM NAME (on set):		CELL:
PARKING INFORMATION		
LOCATION OF FILMING:		
#1 LOCATION/STREET REQUESTED:		
FROM:		
START DATE:	TIME:	
END DATE:	TIME:	
PURPOSE OF PARKING: (extras, work trucks, etc):		APPROX. # OF VEHICLES:
#2 LOCATION/STREET REQUESTED:		
FROM:	TO:	
START DATE:	TIME:	
END DATE:	TIME:	
PURPOSE OF PARKING: (extras, work trucks, etc):		APPROX. # OF VEHICLES:
#3 LOCATION/STREET REQUESTED:		
FROM:	TO:	
START DATE:	TIME:	
END DATE:	TIME:	
PURPOSE OF PARKING: (extras, work trucks, etc):		APPROX. # OF VEHICLES:
HOLD HARMLESS  The applicant agrees to assume and hold harmless the City of Port Moody whatsoever kind or nature which occurs as a result of filming activities des Moody, except to the extent arising out of a pre-existing defect in the prem representatives or agents.  Further, the applicant agrees to indemnify and defend, saving harmless the claims of liability, brought or made on behalf of any person for personal injection Permitee, his agents or employees including officers or employees of the controlled property, whether real or personal, and occurring during the per extent such injury or property damage is caused by the negligence or willful.	cribed above for which the nises or the negligence or v e City of Port Moody, its of iury or property damage ca City of Port Moody, or caus iod and as a result of the a	y have been granted a filming permit by the City of Port willful misconduct of the City of Port Moody, its employees ficers, employees and agents, against any liability, or used by or arising out of any act or omission of either the led by or arising out of the condition of any City-owned or

Document: 110449 v3