

CITY OF MUSKEGON FILM PERMIT APPLICATION

Phone Number: 231-724-6702

Company _____ Fed/State Employer _____

Production Title _____

Production Type _____

Address _____
Street City State Zip

Phone _____ Area Code Fax _____ Area Code Cell _____

Location Manager _____

Location: (Provide address and specific area on the property. For multiple locations attach additional page.)

Name of Private Property Owner/Representative _____ Phone _____

Activity: (Provide a description of filming activity for each location).

Traffic Control/Activity in Public ROW: No _____ Yes _____ Attach Watch Traffic Control Plan, see page 3.

Prep, Strike, and Filming Schedule (Attach separately):

Date(s) _____ Time(s) _____

Total Personnel (Cast and Crew) _____

Vehicles/equipment (i.e. generator) _____

Pyrotechnics/SpecialEffects _____

Technician _____ License # _____

FX # _____ Fire Permit # _____ Other _____

Insurance Company _____ Expiration Date _____

Company Representative

Private Property Representative

By acceptance of this permit, permittee agrees to all the aforesaid conditions, including any attachments to this form.

Fees to be prepared by City staff.

Permit Application Fee \$ _____

City Staff: _____ hours @ \$ _____ \$ _____

Additional Costs _____ \$ _____

Total Charges \$ _____

Check payable to "City of Muskegon". APPLICATION FEE & STAFF TIME ARE NON-REFUNDABLE.

MUSKEGON

HOLD HARMLESS AGREEMENT

In consideration of the undersigned company being permitted to film in the City of Muskegon, it agrees to defend, indemnify and hold the City of Muskegon, Michigan, harmless from any and all claims of lawsuits arising out of the production company's activities within the City of Muskegon.

The undersigned represents that he/she has the authority to execute this letter agreement.

Date: _____

Signature: _____

Company: _____

Production Title: _____

Address: _____

Phone No.: _____

Date of Filming: _____

City of Muskegon
933 Terrace St., P.O. Box 536, Muskegon, MI 49443-0536