



## Permit Request to Film in New Bedford, MA

Permit # \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Type of Production:**

- |                              |                              |
|------------------------------|------------------------------|
| ____ Feature Film            | ____ TV Series/Movie/Pilot   |
| ____ Documentary/Educational | ____ Corporate/Industrial    |
| ____ Video                   | ____ Student Film            |
| ____ Print                   | ____ Other (Specify : _____) |

Approximate Budget: \_\_\_\_\_

Producer: \_\_\_\_\_

Director: \_\_\_\_\_

Production Manager: \_\_\_\_\_

Location Manager: \_\_\_\_\_

Principle Talent: \_\_\_\_\_

Approximate Cast Size: \_\_\_\_\_

Approximate Crew Size: \_\_\_\_\_

Date (s) of Filming: \_\_\_\_\_

Vehicles/Trucks:

\_\_\_ Camera Truck

\_\_\_ Production Vans

\_\_\_ Grip/Electric

\_\_\_ Generator

\_\_\_ Effects

\_\_\_ Wardrobe

\_\_\_ Caterer

\_\_\_ Motor Home/Trailer

\_\_\_ Maxi Van

\_\_\_ Other

Services Required:

\_\_\_ Police Dept.

\_\_\_ Dept. of Public Works

\_\_\_ Fire Dept.

\_\_\_ Port/Harbor

\_\_\_ Parks & Recreation Dept.

\_\_\_ Water Dept.

\_\_\_ Health Dept.

\_\_\_ Airport

\_\_\_ City Hall

\_\_\_ Performing Arts Venues

(Please specify type: \_\_\_\_\_)

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Locations\*      Date      Time      Special Conditions

\*Attach additional pages if necessary

For location, pricing, permitting, scouting or to make an appointment contact: **Dagny Ashley, Director of Tourism & Marketing at 508-979-1745**

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Film Permit Fee:      \$35

Mail form and  
payment to:      City of New Bedford  
Tourism & Marketing  
133 William St  
New Bedford, MA 02740  
Attn: Film Permit Request

Email or fax to:      dagny.ashley@newbedford-ma.gov  
Fax 508-991-6200

**For more information visit the City of New Bedford Film Website at [www.filmnewbedford.org](http://www.filmnewbedford.org)**