



NEW BEDFORD FILM OFFICE
133 WILLIAM STREET, NEW BEDFORD, MA 02740
TEL: 508-979-1745 FAX 508-991-6200
WWW.DESTINATIONNEWBEDFORD.ORG/FILM

FILM PERMIT REQUEST

PRODUCTION COMPANY INFORMATION

Company Name: _____

Company Address: _____

Tel: _____ Email: _____

PROJECT INFORMATION

Title of Project: _____

Type of Production:

Feature TV Documentary Commercial Student Still Photo Video

Other Please Specify: _____

Filming Dates: _____ Filming Hours: _____

Approximate Budget: _____

PERSONNEL/EQUIPMENT ON LOCATION

On-Site Contact: _____ Tel: _____

Producer: _____

Director: _____

Production Manager: _____

Location Manager: _____

Principle Talent: _____

Approximate Cast Size: _____ Crew Size: _____

DESCRIBE ALL EQUIPMENT AND VEHICLES ON LOCATION (Indicate Parking Plans):

a. Equipment: _____

b. Vehicles: _____

c. Parking Plan: _____



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ADDITIONAL CITY SERVICES REQUIRED

- Police Fire Public Works Water Dept. Health Dept.
 City Hall Parks & Recreation Port Authority Airport
 Other Please specify: _____

FILM ACTIVITY

LOCATION	DATE(S)	TIME(S)	DESCRIPTION

**Attach additional pages if necessary*

Applicant Signature: _____ Date: _____

FOR USE BY NEW BEDFORD FILM OFFICE ONLY

Permit Fee: \$_____ Date: _____ Permit No.: _____

Signature: _____ Title: _____

Insurance: Required Not Required Attached

Comments/Add'l Conditions/Notes:

Make check payable to: **City of New Bedford Office of Tourism.**