

CITY SERVICES REQUEST FORM

CDOT PERMIT REFERENCE NUMBER: _____ **CREW SIZE:** _____

1. TYPE: Film TV Commercial Still * Student Music Video Corporate Media Web Series

2. FILMING DATE(S): _____

3. PROJECT TITLE: _____

4. COMPANY NAME or SCHOOL*: _____

5. ADDRESS: _____

6. CITY, STATE ZIP: _____

7. CONTACT: _____ **EMAIL:** _____

8. OFFICE PHONE: _____ **CELL:** _____

9. LOCATION NAME AND STREET ADDRESS: _____

10. PROJECT DESCRIPTION: _____

11. CITY SERVICES: We will coordinate the scheduling of all required City personnel listed below.

NO PARKING SIGNS: List streets to be used for filming and production vehicle staging (no crew cars). Per permit approval, these areas will be posted as "No Parking" zones. **Be specific: include the exact street addresses, side of the street, and start/end time.**

Start Date/Time: _____ End Date/Time: _____

12. STREET CLOSURE: None _____ Intermittent _____ Full _____ Date/Timeframe: _____

Area of Closure: _____

TOW TRUCK: Reporting Location: _____ Date/Time: _____

On-site Location Contact: _____ Cell: _____

CHICAGO POLICE (Discuss with CFO before requesting CPD): Amount Requested: SGT _____ Officers _____ Squads _____

Reporting Location: _____ Date/Time: _____

SPECIAL EFFECTS/PYROTECHNICS: _____
(may require additional permitting and notification)