MOTION PICTURE ACTIVITY INFORMATION (Not a Permit)

| FILM TITLE | | | | | LOCATION (District/Unit) | | | | |
|--|---|----------------------------|------------------------|----------------------------|-----------------------------|-----------------------------|---------------------------|-------------------------|--|
| PRODUCTION COMPANY | | | | | OFFICE PHONE NO. | | FACSIMILE NO. | | |
| COMPANY ADDRESS | | | | | CITY/STATE/ZIP CODE | | | | |
| LOCATION MANAGER | | | | | PHONE NO. | HONE NO. CELL PHONE NO. | | | |
| TYPE OF FILMING | | | | | () | | , , | | |
| ☐ Commercial | Still Photograph | y Music | : Video [| Televisior | n Reality | /TV F | eature | Student | |
| FILMING SCHEDULE | | | | | | | | | |
| WORK TYPE | DATE(S | TIME From To | | | MONITOR | | | | |
| | | | 110111 | 10 | | | | | |
| | | | | | | | | | |
| Film Dates | | | | | | | | | |
| | | | 1.004 | TIONS | | | | | |
| LOCATIONS | | | | | | | | | |
| EQUIPMENT: Give details on camera and lighting package, oversized cranes, condors, 4x4 vehicles | | | | | | | | | |
| STAGING AREAS | | | | | | | | | |
| NO. IN CAST AND CREW | | | | NO. OF PRODUCTION VEHICLES | | | NO. OF PASSENGER VEHICLES | | |
| n . | | | | | ESTIMATED DEPARTMENT COSTS: | | | | |
| The Permittee, its contractors, agents and employees shall abide by all rules and regulations of the California Department of Parks and Recreation. The Permittee does not have exclusive rights to the area(s) listed above. RESTRICTION OF PUBLIC ACCESS IS PROHIBITED. All film activity must be appropriate for viewing by the visiting public. No closed sets, nudity, pornography, profanity, loud music or other obscene activities will be allowed on State Park Property. Film footage that is recognizable as State Park Property SHALL NOT be later displayed or spliced into a scene that contains inappropriate images including but not limited to nudity, pornography or other obscene activity. COMPANY REPRESENTATIVE SIGNATURE TITLE DATE | | | | | | | | | |
| ▶ LEAVE BLANK | | | | | | | | | |
| DISTRICT SUPERINTENDENT OR DESIGNEE SIGNATURE **EAVE BLANK** | | | | | | | DATE | | |
| FOR DEPARTMENT USE ONLY | TIME CALIFORNIA FILM COMMISSION NOTIFIED | TIME PARK UNIT NOTIFIED | TIME MONIT NOTIFIED | TOR DAMA | _ | DATE DAMAGE REPORT FILED | | DATE REPAIR COMPLETE | |