



Inland Empire Film Services, Inc.

Applicant Information

Company Name: _____ Production Title: _____

Contact Name: _____ Title: _____

Address: _____

Street Address

City

State

ZIP Code

Company Phone:() _____ Cell Phone:() _____

Secondary Contact: _____

Title and Cell Phone: _____

Filming Information

Type of Production

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Feature | <input type="checkbox"/> TV Episodic | <input type="checkbox"/> TV Reality |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Stills | <input type="checkbox"/> Documentary/Industrial |
| <input type="checkbox"/> Music Video | <input type="checkbox"/> Student | Other (Specify) _____ |

Total number of people on location (crew, cast, vendors, etc): _____

Vehicle Breakdown (# of each):

Cars: _____ Lg. Trucks: _____ RVs: _____ Picture Vehicles: _____

Generators: _____ Camera Cars: _____ Other (specify & #): _____

Location:

Location Name (if applicable): _____

Address: _____

Owner/Rep Name: _____

Owner/Rep Number: _____

Date(s) and time(s) of shoot: _____

Summary of scenes (activity, stunts, SFX, etc): _____
