Inland Empire Film Services, Inc.

Applicant Information

Company Name: _____ Production Title: _____

Contact Name: _____ Title: _____

Address: _____ Email: _____

Street Address

_____

City *State* *ZIP Code*

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

Secondary Contact: _____

Title, Cell & email: _____

Filming Information

Type of Production

☐ Feature ☐ TV Episodic ☐ TV Reality

☐ Commercial ☐ Stills ☐ Documentary/Industrial

☐ Music Video ☐ 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):