

**FILM WARREN
FILM REGISTRATION FORM
REGISTRATION NO. _____**

Please provide as much of the following information as is available. The Film Coordinator will contact you within one (1) business day to discuss your project in greater detail and guide you through the forms and process.

Production Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Production Title: _____

Registration with the Michigan Film Office: _____

Applicant's Name: _____ Title: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Mobile: _____ Email: _____

Alternate Contact: _____ Title: _____

Contact Phone: _____ Mobile: _____ Email: _____

TYPE OF FILM:

Television _____ Motion Picture _____ Commercial _____ Stills _____

Video _____ Education _____ Non-Profit _____ Student _____

Other (specify): _____

PRODUCTION COMPANY: _____

Filming Location(s): _____

Cross Streets: _____

Filming date(s) including set up and site restoration: _____

Filming time(s): _____

RESOURCES TO BE LOCATED OR USED IN WARREN:

NUMBER OF PERSONNEL: _____ Cast _____ Crew _____ Extras

TYPES AND NUMBER OF VEHICLES:

_____ Automobiles _____ Trucks _____ Cranes _____ Catering

_____ Trucks _____ Motor homes _____ Vans _____ Trailers

_____ Crew Cars _____ Camera Cars _____ Other: _____

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EXTRAORDINARY SCENE, SPECIAL EQUIPMENT AND SPECIAL EFFECTS:

- | | | |
|-------------------------------|--------------------------|-----------------------|
| _____ Pyrotechnics/Explosions | _____ Use of Open Flame | _____ Use of Firearms |
| _____ Use of Aircraft | _____ Simulated Crime | _____ Car Chase |
| _____ Use of Animals | _____ Sirens/Loud Noises | |

Other: _____

For each extraordinary scene, special effect, or special equipment, including an animal, provide a description, how it will be use/operated, and the location, time and duration of use or operation:

If Drones are being used, please explain when and where they will be used, and identify the exact areas to be recorded (include addresses; and what if any permission was granted, and submit written form of approval):

List all licenses or approvals are required for the special effect or the special equipment, and submit proof of such license or approval.

What special licenses are required for the operators, and submit proof of such licenses:

Safety measures or security to be employed for the use of any extraordinary scene, special equipment or special effect:

SPECIAL ASSISTANCE REQUESTED FOR FILMING ACTIVITIES, INCLUDING SPECIAL EFFECTS, SCENES OR SPECIAL EQUIPMENT (Reimbursement is required for costs of City services provided. Please see Reimbursement Form for schedule of fees):

- | | | | |
|----------------------------------|-----------------------|--------------------------|---------------------|
| _____ Street Closure | _____ Traffic Control | _____ Emergency Services | _____ Fire Services |
| _____ Security Issues (specify): | _____ | | |
| _____ Other (specify): | _____ | | |

Dates and Times of such assistance: _____

BASE CAMP AND PARKING LOCATIONS:

Base camp location: _____

Parking locations: _____

Storage of any special equipment/special effects or animals _____

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SUBMISSIONS THAT MAY BE REQUIRED:

This list is not intended to be comprehensive and each item applies only where applicable. The Film Coordinator will provide all necessary forms upon review of your Filming Inquiry Form.

- **Film Registration Form**
- **Application to Film on City Street or Other City Property**
- **Certificate of Insurance**
- **Indemnity and Hold Harmless Agreement**
- **Location Release Form (signed by property owner)**
- **Parking Plan**
- **Filming Schedule**
- **Fire or Building Permit**
- **Governmental licenses or approvals for special effects, equipment or operations**

Pursuant to MCL 123.1195, a local unit of government shall not authorize the use of property owned by or under the control of the local unit of government for the production of a film that includes obscene matter or an obscene performance or that requires that individually identifiable records be created and maintained for every performer as provided in 18 USC 2257.

This completed form can be submitted on-line to Film Warren Coordinator OR as follows:
email -claabs@city of warren.org; fax - 586-258-2001
regular mail - Film Warren Coordinator, Address:
4560 Arden Ave., Warren, MI 48092

Applicant Signature: _____

Print Name: _____

Company: _____

Its: _____

Approved: _____

Signature of Film Coordinator