CITY OF ALBUQUERQUE FILM PERMIT APPLICATION

505.768.3289

www.filmABQ.com

	Permit #:			
New Application	REVISED REQUEST	REQUEST DATE OF APPLICATION:		
PROJECT TITLE:				
PRODUCTION COMPANY:				
OFFICE ADDRESS:				
OFFICE NUMBER:				
LOCATION MANAGER:		CELL NUMBER:	EMAIL:	
ASSISTANT LOCATION MA	NAGER:	CELL NUMBER:	Email:	
FILM LOCATION ADDRESS:		BEGIN FILMING (DATE & T	IME).	
FILM LOCATION ADDRESS.				
		END FILMING (DATE & TIM	1E):	
LOCATION OF BASECAMP (CANN OT BE ON STREETS):		BASECAMP MOVE IN (DAY, DATE & TIME): BASECAMP MOVE OUT (DAY, DATE & TIME):		
(FILMING DATES/TIMES MU TIME THE LAST PRODUCTIC	N VEHICLE LEAVES.)	ON WILL ARRIVE AT THE FILM	ING LOCATION (I.E. SETUP BARRICADES) AND THE	
ATERER: PHONE NUMBER:				
CRAFT SERVICES:		PHONE NUMBER:		
YOU MUST ENSURE THAT BO	TH ENTITIES CONTACT CABQ ENVIRON	NMENTAL HEALTH FOR PERMI	тѕ 768-2638	
	BARRICADES MAY ONLY	BE UP DURING PER	MITTED TIMES.	
	BARRICADE SET UP TIME:	RE	EMOVAL TIME:	
	3			
STREET NAME	FROM STREET NAME	TO STREET NAME		
STREET NAME				
	BARRICADE SET UP TIME:	K	EB / WB / NB / SB	
	FROM	ТО		
ON STREET NAME	STREET NAME	STREET NAME		
	BARRICADE SET UP TIME:	R		
	J			
ON	FROM	ТО		
STREET NAME	STREET NAME	STREET NAME		
	BARRICADE SET UP TIME:	R	EMOVAL TIME: EB / WB / NB / SB	
]			
ON STREET NAME	FROM STREET NAME	TO STREET NAME		
SINCELIMANIE		FIC CONTROL CANNOT EXCEE	D 5 MINUTES	
SPFX/Drones? DYES				
SPFX/DRONES? DYES	NO IF YES, PLEASE	E DESCRIBE.		
		WORK BE SURE TO MARK YOU	R START DATE ACCORDINGLY	
IF YOL	I RE DAGGING METERS DURING FREE V			
	IO IF SO, PROVIDE METER LOCA	TION/S:		
BAGGING METERS? YES 🔲 N		TION/S:		

SUPERSEDE YOUR REQUEST

I______DO HEREBY DECLARE THAT THE ENCLOSED SCHEDULED FILMING WILL BE CONDUCTED IN ACCORDANCE WITH THE REQUIREMENTS AND RECOMMENDATIONS MADE BY THE FILM PERMIT COMMITTEE. I UNDERSTAND THAT VIOLATIONS OF ORDINANCES OR STATUTES WILL NOT BE ENCOURAGED OR PERMITTED. I ALSO UNDERSTAND THAT THIS PERMIT, IF APPROVED, MAY BE REVOKED BY ANY MEMBER OF THE FILM PERMIT COMMITTEE, ALBUQUERQUE POLICE DEPARTMENT, OR ALBUQUERQUE FIRE DEPARTMENT, IF, IN THEIR OWN OPINION, ANY OF THE FOLLOWING OCCUR: THE EVENT BECOMES A PUBLIC NUISANCE, VIOLATIONS OF STATUES OR ORDINANCES ARE COMMITTED BY ANY PARTICIPANT, ANY OF THE RECOMMENDATIONS HEREIN REFERRED TO AS THE "FILM PERMIT" ARE NOT MET. I UNDERSTAND THAT ANY SIGNIFICANT CHANGES (DATE, TIME, LOGISTICS, LOCATION AND THE LIKE) TO THE FILMING AFTER THE DATE IT WAS REVIEWED BY THE FILM PERMIT COMMITTEE WILL REQUIRE THAT I RESUBMIT THE "FILM PERMIT" TO THE COMMITTEE MEMBERS AND/OR OBTAIN APPROVAL OF THE CHANGES FROM THE RESPECTIVE DEPARTMENTS.

ADDITIONALLY, I UNDERSTAND THAT THE CITY OF ALBUQUERQUE AND THE FILM PERMIT COMMITTEE, WILL NOT BE HELD RESPONSIBLE FOR CHANGES MADE BY THE EVENT ORGANIZER OR PARTICIPATING ENTITIES PRIOR TO OR DURING THE EVENT.

SIGNATURE OF APPLICANT

Date

WE, THE UNDERSIGNED, HAVE BEEN ADVISED OF FILMING IN OUR AREA.

NAME

ADDRESS