



**ON-SITE FILMING, TAPING, AND PHOTOGRAPHY
PERMISSION REQUEST**

Name: _____ Title: _____

Agency, Corporation, or Individual for which request is filed: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Description of Program: _____

Intended Use/Medium (specific rights requested): _____

Type of Production: _____ film _____ Video _____ B/W Negatives _____ 35mm slides _____ Audio
_____ 4x5 Transparencies _____ Other _____

Broadcast Commitment (film requests only): _____

Scheduled Air Dates (film requests only): _____

Proposed Shoot Dates: _____

Estimated Length of Shoot: _____

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Proposed Locations for shoot: House exterior _____ Grounds _____ House Interior _____ Collections _____

Other/Staff Members _____

Number of cameras: _____

Lighting: _____ Self-contained _____ Need external power

Power needs _____

Number and types of vehicles on the grounds: _____

Number of crew members: _____

Revised 04/25/08