

_____ Request faxed to: _____

Attn: Appropriate Facility Representative

Please sign and fax back this Request for Approval to Film on County Property to: Nassau County Film Office - Attn: Debra Markowitz - **Fax # 516 571-6 195**. (Film Office phone # 516 571-3168).

Approval Given: _____
Signature - Facility Representative Date

Approval Denied: _____
Signature - Facility Representative Date

Request for Approval to Film on County Property

1. Name of Organization: _____
2. Address: _____
3. Phone #: _____ E-mail: _____
4. Fax #: _____
5. Name of Contact: _____
6. Address of Contact: _____
7. Phone # of Contact: _____
8. Date(s) of Use: _____ Time: _____
9. Location Name (interior or exterior) _____
10. Nature of Use: _____
11. Number of People at Location: _____
12. Amount and Type of Equipment: _____

TO BE COMPLETED BY NASSAU COUNTY FILM OFFICE OR APPROPRIATE FACILITY (BELOW)

13. Permit Fee Per Day: _____

of Days _____ X Fee _____ = _____
14. Administrative Fee (If Applicable):

Exterior _____ x Hours _____ x Days _____ = _____

Interior _____ x Hours _____ x Days _____ = _____

Use Fees _____ (These standard fees may vary according to location)