Applicants must complete this form to the best of their knowledge. The completed application must be reviewed by the Tangipahoa Parish Film Commission. If all information is not known at this time, please write 'TBD' in the field.

Today’s Date: ___________________ Project Title: ____________________________

Production Co: ___________________ Director: ______________________________

Dates of Production: _____________________ to: _______________________

Production Type: (Please indicate)

<table>
<thead>
<tr>
<th>Feature</th>
<th>TV Series</th>
<th>Commercial</th>
<th>Music Video</th>
<th>Documentary</th>
<th>Other</th>
</tr>
</thead>
</table>

Location Manager: _______________________________ Phone: ______________________

Email address: __________________________________

Contact 2 Name: ___________________ Title: ____________________________

Email address: __________________________________ Phone: ______________________

Address: _______________________________________

City: ___________________ State: ____________ Zip: ____________

Please check the following if applicable:

<table>
<thead>
<tr>
<th>Street Closures</th>
<th>Intermittent traffic control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pyrotechnics/fire</td>
<td>Use of City buildings</td>
</tr>
<tr>
<td>Hotels/Motels required</td>
<td>Insurance Certificate Submitted</td>
</tr>
</tbody>
</table>

Estimated budget: ____________________ Cast/Crew Size: ____________________

Filming Locations: ____________________________________________

______________________________________________________________

Production Company Representative: ___________________ Date: ____________

Tangipahoa Parish Film Commission: ___________________ Date: ____________