



COMMUNITY EVENTS
PARKS AND RECREATION DEPARTMENT
2700 N MAIN AVENUE
DURANGO, COLORADO 81301
TEL: (970) 375-7325 FAX: (970) 375-7337

FILM REGISTRATION FORM

PLEASE PRINT

Name of Applicant/Production Company: _____

Date(s) of Filming _____ Time(s) of Filming _____

Location(s) of Filming (within the City of Durango and La Plata County)

Name of Producer (If different from Applicant) _____

Organization: Non-profit For-profit Government Corporation Other: _____

Daytime Phone # _____ E-mail _____

Cell Phone # _____

Please attach a copy of Liability Insurance. For questions, contact the Community Events Supervisor at 970-375-7325.

Filming Description:

Film Title of Project: _____

Production type: Still Film Video Multimedia Other: _____

Classification: Feature Short Commercial Television Music Video Documentary

Educational Student Other: _____

Location Details:

Physical Address(es) if possible: _____

Please attach a narrative of filming including the following information:

- Sets to be built
- Special effects planned (including firearms, explosions, road work, etc.)
- The use of stunts
- Use of vehicles, aircraft, watercraft, etc.
- Use of Animals
- Number of Crew Members

Upon submittal of this form the City of Durango Community Events Supervisor will forward the above information to the necessary agencies and organizations for notification. Applicants will be notified of any required permits and fees by the Community Events Supervisor.

Applicant's Signature: _____ Date: _____

Print Name and Title: _____

Community Events Supervisor: _____ Date: _____

CC:

Durango Area Tourism Office:

Business Improvement District:

Four Corners Film Office:

City Manager's Office:

La Plata County:

Colorado Department of Transportation:

Director of Parks and Recreation:

Durango Fire Protection District: