

CITY SERVICES REQUEST FORM FOR PHASE 4 As of July 1, 2020

CDOT PERMIT REFERENCE NUMBER: _____

CREW SIZE: _____ I have read and agree to abide by the COVID-19 City & State Film Production Guidelines.
(limit to 50)

1. TYPE: Film ___ TV ___ Commercial ___ Still ___ * Student ___ Music Video ___ Corporate Media ___ Web Series ___

2. FILMING DATES: _____

3. PROJECT TITLE: _____

4. COMPANY NAME: _____ *** SCHOOL:** _____

5. ADDRESS: _____

6. CITY, STATE ZIP: _____

7. CONTACT: _____ **EMAIL:** _____

8. OFFICE PHONE: _____ **CELL:** _____

9. LOCATION NAME & STREET ADDRESS: _____

10. PROJECT DESCRIPTION: _____

11. STREET CLOSURE: No _____ Intermittent _____ Full _____ Date/Time: _____

Area of Closure: _____

12. CITY SERVICES: We will coordinate the scheduling of all required City personnel listed below.

NO PARKING SIGNS: List streets to be used for filming and production vehicle staging (no crew cars). Per permit approval, these areas will be posted as "No Parking" zones. **Be specific: include the exact street address, side of the street, and start/end time.**

Start Date/Time: _____ End Date/Time: _____

CHICAGO POLICE: Amount Requested: SGT _____ Officers _____ Squads _____

Reporting Location: _____ Date/Time: _____

TOW TRUCK: Reporting Location: _____ Date/Time: _____

On-site Location Contact: _____ Cell: _____

SPECIAL EFFECTS/PYROTECHNICS: _____

(may require additional permitting and notification)



Lori E. Lightfoot
Mayor of Chicago