CHATHAM COUNTY STUDENT FILMING APPLICATION
1117 Eisenhower Drive, Suite D, Savannah, GA 31406 / Chatham County, PO Box 8161, Savannah GA, 31412, (912) 201-4302



	etails of production witl <b>Please N</b>		3-5 days for approval
Production Type: {}V	deo {} Still P	hotography	{} Student Project
1. Name of School or University:			
2. Student(s) Applying for Permit:			
Student ID #:	Professo	r Name:	
3. Address:	City:	St:	Zip:
Telephone:	Email:		
4. Producer:		Director:	
Address:	Ci	ity: \$	St: Zip:
Phone:		Email:	
Location Manager Information:			
5. Name:			
Cell Phone:			
FILMING LOCATION (Example: Bradwe			
		City:	St: Zip:
	location:		·
<b>6.</b> Address of location: County Property? { } Yes { } No If yes	location:		
6. Address of location: County Property? { } Yes { } No If yes Street Closing? { } Yes { } No If yes	location:   Explain:   to	Number of atte	endees:
6. Address of location: County Property? { } Yes { } No If yes Street Closing? { } Yes { } No If yes 7. Date(s) for filming:	location:   Explain:   to   p.m.   Ending time:	Number of atte	endees: p.m.
6. Address of location:  County Property? { } Yes { } No If yes Street Closing? { } Yes { } No If yes 7. Date(s) for filming: a.m  Starting time: a.m  Will construction be needed for filming?  The below signature signifies, personally cover to the terms and conditions of this permit. Ap Checks Payable to Chatham County.	p.m. Ending time:  PYes {} No If yes, and ware enants, grantees, and ware enants.	Number of atte	endees:  p.m.  rmation and explain:
6. Address of location:  County Property? { } Yes { } No If yes Street Closing? { } Yes { } No If yes  7. Date(s) for filming:  Starting time: a.m  Will construction be needed for filming?  The below signature signifies, personally conto the terms and conditions of this permit. Ap	p.m. Ending time:  PYes {} No If yes, and ware enants, grantees, and ware enants.	Number of atte a.m ttach additional info	endees:  p.m.  rmation and explain:
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