

Street Use Request Form

District of North Vancouver Film Liaison Office

355 West Queens Rd, North Vancouver, BC V7N 4N5

Questions about this form: Phone: 604-990-2241 or Email: filming@dnv.org Form submission: Mail to above address, Email or Fax: 604.987.7185

COMPLETION: To ensure legibility, please complete (type) online, then save, print and sign the printed copy. Submit with the completed *Film Permit Application* and a **detailed map showing requirements**.

Film Permit Number:	(DNV office	office use only)		
Contact Information				
Production Co.:		Office #:		
Title of Production:				
Location Manager:		LM Cell #:		
Asst. Location Mgr:		ALM Cell #:		
Detailed Information				
Use specific landmarks i.e.: interother identifiable markers.		ATION # 1 numbers, lamp post	numbers, build	ing addresses
Block No.(s):	Street:			Side:
From:				
То:				
Start Date:			Start time:	
Start Date:	, day, year	day of week		24 hr clock
End Date:			End time:	24 hr clock
month	, day, year	day of week		24 hr clock
Location of Generator(s):				
Location of Catering:				
Location of Circus & Crew Pa	rk:			

Detailed Information

		LOCAT	TON # 2		
Use specific la other identifiab	ndmarks i.e.: intersecting le markers.			numbers, build	ing addresses or
Block No.(s):		Street:			Side:
From:					
To:					
Start Date: _	month, day, ye			Start time:	24 hr clock
	month, day, yea	ar	day of week		24 hr clock
End Date:	month, day, ye	ar	day of week	_ End time: _	24 hr clock
	monat, day, you	ai	day or wook		2 TH GOOK
Location of G	enerator(s):				
Location of C	atering:				
Location of C	ircus & Crew Park:				
throughout the personal information collections or damage of the District of Notes possible for particular personal information collections or is composed in comp	QUIREMENTS: If the appriod of use permitted under named as an additional insecurring upon or in or about a otherwise with an Insurer of the Vancouver is to receive ying any deductibles under the variation collected on this and in accordance with the ted herein will be used on a release is authorized by it elled by a Court or an age. The District of North Vancouver.	er this application consured, to cover against the approved local and deductible and a 30 days written not rits policies. It is form is done so the Freedom of Infally for the purpose of the country authorized to the source of the country authorized to source of the country authori	ommercial general lianst claims for personations in an amount no on terms satisfactory tice of cancellation or pursuant to the <u>Contraction and Protect</u> f processing this appation is part of a recounder another Act. Fi	bility insurance, al injury, death of tless than \$5,00 to the District of material change mmunity Charterion of Privacy allication or requested series commonuther information	with the District of property or other 00,000 per accident of North Vancouver. The applicant is and/or the Loca Act. The persona st and for no other only available to the may be obtained.
Signature		Print Name		Date	
Job Title					