

**REVENUE
STAMP
€ 16,00**

**AUTHORIZATION REQUEST FORM FOR SHOOTINGS
IN THE CITY CENTRE AREA – PARKS AND GARDENS – CITY-BUILDINGS**

Kind of shooting: Photographic shooting
Cinema and TV shooting

Typology: Film/Short films/Sit Com/Fiction/Talk Show
Documentaries
Educational Exercises
Cultural and scientific work
Publications / Books
Advertising / Fashion
Video clip/Flash Mob
Events shooting / Entertainments
Other

APPLICANT'S DATA:

Individual

Given Name and Family Name:

Company

Full legal Company's name:

Legal Representative's Given Name and Family Name:

Address: **City** **COUNTRY**

Telephone: **e-mail address:**

C.F. **P.IVA/N.I.C.**

LOCATION SHOOT:

(Please specify the exact location of the set and if necessary integrate your description with a detailed map).

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DATE **TIME SLOT:** 08.00_{am}/02.00_{pm} 02.00_{pm}/08.00_{pm} 08.00_{pm}/08.00_{am}

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TECHNICAL EQUIPMENT/OBJECTS FOR THE SET (Please, specify the kind and the quantity of pieces)

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SHOOTING SET AREA: Square metres

FILM CREW PRESENT ON LOCATION: Nr. of people

SHORT DESCRIPTION OF THE SCENES (Please, attach separate sheet to the present application)

The applicant will remain liable and legally responsible for any damages, affecting people or property, that may occur during the above mentioned shootings.

Date..... Stamp of Company and Signature.....