City of Shreveport / Caddo Parish
Filming Permit Application

Print Form

Date:	Project Title:	
Production Co:		Production Type:

Address:		
City:	State:	Zip Code:

Location Mgr:	Other Contact:	
Phone:	Cell:	Fax:

Production Budget: $	Total Personnel:	
# of Production Days:	# of Motel/Hotel Nights:	
Production Begin Date:	Production End Date:	

Please check all that apply:

- ☐ Street Closures
- ☐ Intermittent Traffic Control
- ☐ Pyrotechnics/Fire:
- ☐ Use of City Buildings
- ☐ Parking Meter Bagging
- ☐ Special/Other: _____

Other services needed, please explain:

Insurance Company:	Additional Insured Recevied:

NOTE: A list of all locations must be provided at the time of permitting at least 2 weeks prior to beginning production (Any location changes during production must be communicated and approved).

Applicant agrees to all of City of Shreveport terms and conditions.

Production Company Representative: _____ Date:_____

City Film & Media Representative: _____ Date:_____

Contact Info: Arlena Acree
Director of Film, Media and Entertainment
505 Travis Street Suite 200
Shreveport, LA 71101

Ph: 318-673-7515
Fax: 318-673-5085
Email: arlena.acree@ci.shreveport.la.