

8. Coordination with City of Livingston (Coordinate with public Services Supt. 406-222-1142)

A. Will traffic control be necessary? Yes _____ No _____

B. What services are requested from Livingston Police (Use of off time City Police is strongly encouraged for traffic control or security in the City Limits): _____

C. Is there a proposed parking plan? Please include number of vehicles. _____

D. What are your security plans: _____

E. What services are requested from Livingston Emergency Medical Services: _

F. What services are requested from Livingston Fire Department: _____

G. What are your plans for garbage removal? (Dumpsters will be required at location office) _____

H. Are there any planned special effects (i.e. Fireworks, etc.)? _____

I. Other requests: _____

9. Name of person who will be "in charge" at the filming site/activity:

A. 1st Ass't. Director: _____ Phone: _____ Beeper: _____

B. 2nd Ass't. Director: _____ Phone: _____ Beeper: _____

C. Other Title: _____ Phone: _____ Beeper: _____

D. Local Agent: _____ Phone: _____ Beeper: _____

10. INSURANCE INFORMATION

Name of Insurance Company: _____

Address: _____

Phone Number: _____ Contact Person: _____

Policy Number: _____

Please provide Certificate of Insurance naming the "City of Livingston as additional insured". Also "Hold and save harmless the City of Livingston, it's agents and officers."

11. COMMUNICATIONS & PROMOTIONS

Have local neighborhood groups/businesses been notified of your event concept? Yes _____ no _____

If no, what steps do you plan to take to notify them of your event? _____

Please list community contact names and phone numbers (for verification) of attached approval letter:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

What other agencies have you contacted? Have you received permits from these agencies for your event (if applicable)? Please circle applicable agencies and attach permit copies.

- Park County •MDT-MT Dept. Transportation •MT Fish, Wildlife & Parks •MRL
- Utilities •Other Approvals may need to coordinated with the Public Services Supt.

Is there any other information you feel is important regarding your event? _____

12. Billing Address: (If different than previously identified)

Firm/Name: _____ Attention: _____

Street Address: _____ Business Phone: _____

City/State/Zip: _____ FAX Phone: _____

13. Agreement to the City of Livingston Filming conditions. Applicant hereby agrees to comply with the City of Livingston Filming Conditions (attached and made a part of this application).

Signed: _____ Date: _____

Representing: _____