

**Filming request form**

|  |  |
| --- | --- |
| **Date** |  |
| **Name of Organisation / Production company** |  |
| **Date(s) of filming** |  |
| **Time(s) of filming (start and approx. end time)** |  |
| **Location of filming** |  |
| **Reason for filming** |  |
| **Contact name and number** |  |
| **Declaration** | I [NAME] of [ORGANISATION] confirm that I have read and understood the filming guidelines and charges at [www.fylde.gov.uk/filming](http://www.fylde.gov.uk/filming) and agree to pay the stated amount within 3 working days prior to the proposed filming date.  Print:  Signed: |