

**Filming request form**

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| **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:  |