

**SANTA CRUZ COUNTY  
APPLICATION FOR AUTHORIZATION TO FILM**

1. Name of applicant/company:  
Address:
2. Contact person:
3. Describe production in terms of:
  - Personnel involved:
  - Date(s) and hours of operation:
  - Other pertinent information:
4. Is a request being made to close any county roads? Yes      No  
If yes, specify roads and duration of closure:
  - Name(s) of road(s):
  - Date(s) and hours of closure:
5. Is a request being made to use any County-owned or operated facilities? Yes      No  
If yes, identify facilities, equipment and/or personnel and periods of utilization:
  - Facilities, equipment and/or personnel:
  - Date(s)/hours of utilization:

The applicant hereby agrees to comply with the guidelines pertaining to this application and agrees to pay all costs incurred by the County in providing the services required by this application.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name (print)