

New York State Parks Film Shoot Request Form

Name of Applicant: _____

Production Company Name: _____

Production Company or Applicant Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Park Requested: _____

Specific Location(s) in Park Requested: _____

Date(s) Requested: _____

Times Requested from Start to End: _____

Description and Purpose of Shoot: _____

Number of People Involved (Separate Talent and Crew): _____

Type of Equipment to be Brought into the Park: _____

Return form to Lillian Lee at Lillian.lee@parks.ny.gov, fax to 212-866-3186, or send to NYS Parks, 163 West 125th Street, 17th Floor, New York, NY 10027.