

Office of Broadcast, Cable & Film 141 Pryor Street SW, Atlanta, GA 30303 Fulton.films@fultoncountyga.gov

## Location Scout Request Tracking Form

Date:		
Tracking Number:		
Name of Production Company:		
Location Manager/Scout:		
Local Address:		
Local Phone:	Lo	ocal Fax:
E-Mail:		
Date(s),Time(s) of Scouting and Locat	tion(s):	
Description of the production:		
Date(s) of Production, if known:		
		movie □ television series □ commercial
□other (Please explain):		
High risk activities $\square$ Yes $\square$ No If ye	es, check all	that apply $\square$ pyrotechnics $\square$ weapons
□ high speed chase □ aircrafts □ other, (Please explain):		
For Office Use:		
Department Involved:		
Department Liaison:		
Permit completed: Date(s) of filming	Permit fee Amount \$	
Security Deposited submitted date: _		
Fees Collected date:	_ Check #	Amount \$
Security Deposit returned date:		<del></del>
Staff Initial		