## CITY OF PALACIOS REQUEST FOR FILMING | NOTIFICATION AND SIGNOFF REQUEST

The City of Palacios requires that all property owners / residents whose property is adjacent to the area sought to be closed must be notified and provided with a map of the area, which indicates all obstructions to be placed in the closure area. The notification must indicate by signature, whether the property owner / resident approves or disapproves of the proposed closure.

(Film Company's Contact Name)	(Phone Number)
· <del></del>	is applying for a FILMING PERMIT for the following film
(Company Name)	
(Name of Film)	
The filming is scheduled for the following	dates and times:
The filming will close or partially close the	following streets:
The filming will consist of the following:	
Please fill out the this section com whether or not the filming activities	PROPERTY OWNER / RESIDENT pletely as this information is used by City of Palacios to determine indicated above will be approved or denied.  PROVE RECEIVED MAP: O YES O NO
Please fill out the this section com whether or not the filming activities	pletely as this information is used by City of Palacios to determine s indicated above will be approved or denied.
Please fill out the this section com whether or not the filming activities  O APPROVE O DISAPE	pletely as this information is used by City of Palacios to determine indicated above will be approved or denied.  PROVE RECEIVED MAP: O YES O NO
Please fill out the this section com whether or not the filming activities  O APPROVE O DISAPPORT (Print Name and Title)  (Print Address)	pletely as this information is used by City of Palacios to determine indicated above will be approved or denied.  PROVE RECEIVED MAP: O YES O NO  (Signature)
Please fill out the this section comwhether or not the filming activities  O APPROVE O DISAPF  (Print Name and Title)  (Print Address)  O RESIDENCE O BUSI  Comments:	pletely as this information is used by City of Palacios to determine indicated above will be approved or denied.  PROVE RECEIVED MAP: O YES O NO  (Signature)  (Phone Number)