



WESTPORT, CONNECTICUT

JAMES S. MARPE
First Selectman

PHOTOGRAPHY REQUEST / PERMIT

Granted by the TOWN OF WESTPORT to:

for the temporary use of facilities owned by the TOWN OF WESTPORT for the purpose of still, video or motion picture photography only at those Town facilities and only on the date and time listed below:

Sponsoring agency (if applicable): _____

Name of person filling out form: _____

Name of individual in charge on-site: _____

Address: _____

City/Town, State, Zip: _____

Daytime phone number: _____
(Business) (Home)

Email: _____

Date: _____ Rain Date: _____

Time: _____

Number of people, including models and crew: _____

Number of vehicles and type: _____

Location: _____

Additional information: _____

The above named individual certifies, or if the above named is a group or organization, its agent or officer of the group or organization signing below certifies that he/she/they are insured against

Town Hall • 110 Myrtle Avenue • Westport, CT 06880 • (203) 341-1111 • Fax (203) 341-1038

E-mail: selectman@westportct.gov • Website: www.westportct.gov

REV.
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liability arising from injuries to the public or damage to private or municipal property while using the facilities under this permit agreement. **A Certificate of Insurance in the amount of \$1,000,000 is required adding the Town of Westport as additional insured. Permit will not be issued without the Certificate of Insurance.**

If the filming or photography is to take place on a residential property, approval from the Planning & Zoning Department will be required. This approval will take a minimum of four weeks to obtain.

The permit holder hereby agrees to indemnify and hold harmless the Town of Westport, its officers and employees, from and against all claims, suits, damages, costs, losses and expenses in any manner resulting from, arising out of, or connected with, any accident, personal injury or property damage occasioned by the use of Town facilities under this permit. This permit is subject to revocation by the Town of Westport for any reason and at any time.

Signed by: _____

(Sign for Name of Group/Corporation)

Date: _____

Town of Westport

Signed by: _____

Date: _____

Return this form to the First Selectman' Office