FILM RCMP REQUEST FORM

SECTION 1: REQUEST DETAILS

PRODUCTION TITLE		
COMPANY NAME		PHONE NUMBER
BUSINESS ADDRESS		
REQUEST DATED	FILMING DATE	
DATE(S) REQUESTED FOR RCMP	START TIME	END TIME (APPROX)
OFFICERS NUMBER REQUIRED		
LOCATION ADDRESS		
ON SET CONTACT NAME		
ON SET CONTACT PHONE NUMBER		
DESCRIPTION OF REQUEST (Details of film event, what is needed from RCMP, Safety plans, etc)		

ATTACHED MAP ◯ YES ◯ NO	TCP/TMP ◯ YES ◯ NO	ITC ◯ YES ◯ NO

SECTION 2: TO BE COMPLETED BY THE FILM OFFICE

INTERNAL ORDER NUMBER	FILM APPLICATION SUBMITTED ◯ YES ◯ NO