



Town of Oakville Permit Application Filming on Municipal Streets

Date of Application: _____

Film Company	
Phone	Fax
Address	
Location Manager	
Project Title	
Filming (Date) From	To
Alternate Date From	To
Filming (Time) From	To

If alternate date is necessary please notify the Transportation & Engineering Department

Film Location		
Location of Production Vehicles		
Special Instructions		
Intermittent Traffic Stoppage On	Under PDO* Supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	
Road Closure On (Road Name)		
Crane Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Cranes	Number of Bag Meters
Filming Under PDO* Supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of PDO's* Required	
Residents/Businesses to be Notified <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach all letters of notification during filming)		

For Internal use only (sign and date the following)

Approved by: _____ Director of Transportation & Engineering or Designate	Council Approval Date: (if required): _____
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Halton Regional Police

BIA

Oakville Transit

Oakville Fire Department

Halton EMS

Parking Operations

Traffic Operations

Parks & Recreation

PDO= Paid duty officer



**FILMING PERMIT
RELEASE AND WAIVER OF LIABILITY FORM**

By executing this form,

(Please print): _____ hereby agrees
(Legal Name of Permit Holder)

that in consideration of the permission granted to utilize Town of Oakville streets, for

(Name of Film Event)

as outlined in the application for Film Permit submitted, the Permit Holder named above
HEREBY RELEASES AND AGREES TO INDEMNIFY AND SAVE HARMLESS, The
Corporation of the Town of Oakville and its servants, agents and employees from all manner of
rights, actions, claims and demands whatsoever by reason of the existence, or operation of the
Film Event named above other than those actions, claims and demands arising from the
negligence, acts or omissions of the Town of Oakville, and/or its servants, agents and
employees.

DATE at _____ this _____ day of _____, 20_____.

SIGNING OFFICER

WITNESS

NAME (print)

NAME

TITLE

Personal Information on this form is collected and used for the purpose collected under the authority of Municipal Act, as amended. Questions about the collection of personal information should be directed to: Records and Freedom of Information Officer, Clerk's Department, 905-815-6053

*The Corporation of the Town of Oakville, Transportation & Engineering Department
1225 Trafalgar Road, Oakville, ON L6H 0H3 phone (905) 845-6601 ext. 3337 / fax (905) 338-4159*