



VILLAGE OF NEW PALTZ

Filming Application

Mail or drop off this completed form and all supporting documents to:
Village Clerk, 25 Plattekill Avenue, New Paltz, NY 12561;

Person or Entity that OWNS the film rights: _____

Address: _____

Phone Number: Cell: _____ Office: _____

Email Address: _____

Location Coordinator or other Contact Person: _____

Address: _____

Phone Number: Cell: _____ Office: _____

Email Address: _____

Name of the Film: _____

Purpose of the Film: _____

25 PLATTEKILL AVE • NEW PALTZ, NY 12561

PHONE: 845.255.0130 • FAX: 845.255.4305 • TTY available

WWW.VILLAGEOFNEWPALTZ.ORG • VONP@VILLAGEOFNEWPALTZ.ORG

The Village of New Paltz prohibits discrimination against and harassment of any person because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status, or any other characteristic protected under applicable federal or state law.

Location(s) to be used: Please add as an attachment to this application.

Must Include

- Specific address of each location
- Date of filming at each location
- Time of filming at each location
- Name of property owners for each location if different than applicant.
- Is a street closure for that location being requested.
- Is a sidewalk closure or obstruction being requested for that location
- Any other pertinent information to each specific location

Description of equipment and props used for filming:

Insurance Carrier: _____

Certificate of insurance naming both the Village and the Town of New Paltz as additional insured for one million dollars. Certificate must be produced 10 days prior to filming or filming will be cancelled.

I, _____, on behalf of myself and my organization, certify that the above information is correct, and that I have received, read, and agree with the Village of New Paltz Filming policies and that I am authorized to sign this application on behalf of the above-named individual or organization. By submission of a signed application for filming, the applicant acknowledges that the Village of New Paltz shall be held harmless in the event of injury or accident related to filming.

Signed: _____ **Date:** _____

OFFICE USE ONLY:

Application received, **and if traffic/safety personnel requested**, forwarded to the Police for Review: Yes

Application Approved by Police: Yes No

Application received, **and if traffic/safety equipment requested**, forwarded to DPW: Yes

Application Approved by Village Board: Yes No Date: _____

Signature of Mayor: _____ Date: _____

Fees, if any, received _____

Certificate of Insurance received WITH ADDITIONAL INSURED NAMED and on file: _____

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