

APPLICATION FOR FILMING

Please complete and return this form at least one month before the planned date of filming to
Fax +49 30 24002-218 or Mail: pr@stadtmuseum.de

Information about Applicant

Company

Applicant

Name/First Name

Position

Phone number

Head Office

Street

City

Phone

Fax

e-Mail

Invoice Address (if different):

Production office

Street

City

Phone

Fax

e-Mail

Contact person at shooting

Name/First Name

Position

Phone number

Information about shots | Usage of shots → For motion picture requests please add abstract of script!

Type (current coverage/documentary/motion picture)

Media (broadcasting channel/movies/internet)

Title of film

Date of release

Information about shooting

Location (Museum)

Rooms | Collections

External shots desired? (where)

Set-up

from

to

Size of team

Date / Time

Date / Time

Shooting

from

to

Size of team

Date / Time

Date / Time

Break down

from

to

Size of team

Date / Time

Date / Time

Carpool (number and type of vehicles)

Technical equipment

Site survey desired

YES / NO

Place/Date

Stamp/Signature