



Indian River County Film Liaison Office
Vero Beach – Indian River County Chamber of Commerce
1216 21st St, Vero Beach, FL 32961
772-567-3491 ext. 118
tourism@VisitIndianRiverCounty.com
www.VisitIndianRiverCounty.com

Permit to Film in Indian River County

Date: _____

Name of Registrant: _____

Firm: _____

Address: _____

_____ Phone: _____

If out-of-town firm, please provide local contact information: _____

The registrant agrees to have a representative on site at all times with authority over filming director, crews, and all aspects of their operation and empowered to act for the registrant.

Name: _____ Title: _____ Phone: _____
(Responsible Representative for Registrant)

Name of Production(s): _____

Production Studio: _____

Type of Production: _____

Dates of Filming: _____

Script: Attached Previously Provided

Number Locally Employed: Cast: _____ Crew: _____

Estimated Expenditures Within Indian River County:

Letter of Insurance: Attached Previously Provided Coverage \$ _____

Name of Company: _____ Expiration Date: _____



Locations in Indian River County-(Each Private, County or Municipal owned location must be identified separately, with applicable date/time.)

_____ \$ _____
 Approval Charges, If Any

Location Requested: _____
 Dates/Time: _____ \$ _____

County/Municipal Personnel Requested: _____
 Dates/Time: _____ \$ _____

County/Municipal Equipment Requested: _____
 Dates/Time: _____ \$ _____

Comments: _____
 Estimated Total Charges \$ _____

Description of scene(s) for which the County/Municipal facilities, personnel and/or equipment will be used. (Include approximate number of people involved, special equipment and other relevant information.) _____

If additional use of County/Municipal facilities, personnel, or equipment is requested, check here and attach supplements. Is assistance in coordinating the production with other governmental units needed?
 Yes _____ No _____

If yes, please specify: _____

The registrant agrees to assume all risks in the use of county/Municipal or private property in the project operation and shall be solely responsible and answerable in damages for all accidents and injury to person or property and shall covenant and agree to indemnify and keep harmless the County/Municipality from any and all damages or injury to person or property.

 Name of Company Date

 Signature of Authorized Representative Title

 Signature Film Liaison Office Date

We need a current copy of your insurance policy