



Application to Film in New Milford, CT

Date of Application: _____

1. Company*: _____
2. Production Contact: _____
3. Street: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
4. Animals, firearms, special effects or unusual scenes: _____
5. Child Performers (16 years or under): ☐ No ☐ Yes
6. Equipment format: _____ # in cast & crew: _____
No. of trucks 24 ft. & above: _____ No. of trucks below 24 ft: _____ No. of Autos: _____
7. ☐ Feature Film ☐ TV Movie ☐ TV Series/Special ☐ Commercial ☐ Other _____
8. If TV commercial, name of product: _____

Insurance information* must be submitted with application. A certificate must be on file.

9. Insurance Broker: _____ Phone: _____
Policy #: _____ Amount: _____ Exp. Date: _____
10. **Is traffic control required for filming?** ☐ No ☐ Yes Please list any roads that need to be closed during filming as well as roads where traffic will be impacted.

11. Please list your tentative schedule for filming:

DATE	TIME BEGIN	TIME END	LOCATION
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12. **How can the New Milford Film Commission assist you?** Briefly describe your project below. Include a description of the locations you are interested in using and any special requests you have:

If the New Milford Film Commission has assisted you, please consider making a donation payable to the New Milford Film Commission (mail to: 10 Main St., New Milford, CT 06776). The New Milford Film Commission is a volunteer organization working to promote & assist with local film productions.

HAVE YOU NOTIFIED:

Northeast Utilities: 800-286-5000
Aquarion Water Co.: 1-800-732-9678

Police Chief: 860-355-3133
Fire Marshall: 860-355-6099

The applicant company and its representative assume sole and absolute liability upon any and all claims, suits, or judgments against the Town and/or the applicant for personal injuries and/or property damages arising out of or occurring during the activities of the applicant or his (its) employees. In addition, the applicant company and its representative shall indemnify and hold harmless The Town of New Milford and its officers, employees, boards, commissions and agents from and against any and all loss and/or expense which the applicant may suffer or pay as a result of claims or suits due to, because of, or arising out of any and all such claims for personal injuries and property damages arising out of or occurring during the activities of the applicant, his (its) employees or otherwise. The applicant agrees to bear any traffic control costs including payment to off-duty NMPD as needed. The applicant further agrees to comply with all pertinent provisions of Connecticut laws, rules and regulations. This application may be revoked at anytime.

Date	Signature of Representative*	Name	Title
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***The company name and signature must match the insurance policy on file with the Town of New Milford.**

Mail completed form to: **The New Milford Film Commission**, 10 Main St., New Milford, CT 06776
Or email to: Valerie Lorimer, Chairperson • **Filmnewmilford@gmail.com**