

Film & Television Office

MEDIA COMMUNICATIONS & ENGAGEMENT DEPARTMENT Level 29, 311 Spencer Street, Vic, 3008 E-mail film.tv@police.vic.gov.au

Application form - Police Resources

Part A	Company Details (Used for Invoicing)							
Name of Production Company								
Address of Production Company								
Name of Production Contact								
Contact Details (Phone/Email)	Business: ()				Mobile:			
	E-mail:							
Part B	Filming Details							
Production Title								
Date(s) of Filming (dd/mm/yy)								
Location(s) of Filming (General eg. Bolte Bridge, Citylink – Include Specifics in Part D)	1.	2.		3.			4.	
	5.	6.	7.				8.	
Location Manager	Name:		Onset contact		Name:			
	Mobile:		(if not Loc Mgr)		Mobile:			
Part C	Police Resources							
Meeting Point for Police Officers	Address:							
Required Hours on Location	Start time:				Finish time:			
Travel times to	and from mei	OTE: Minimum mbers' work lo on loc ays attract a 4	ocation wil ation.	II k	oe invoice			

Part D	Traffic Management Details				
Specialist Filming Vehicles Used (Please Select)					
Detailed Description of Filming Activity					
Are you utilising a Private Traffic Management Company?	If Yes Company Name (Only required if not included in TMP's)				
	Note: Private Traffic Management Plans must be submitted to Victoria Police for Risk Assessment				
Contact Person	Business:				
Contact Numbers	Mobile:				