

FOR PARK USE ONLY

Park Facilities Required: _____

Impact on Park Operations: _____

Impact on Park Facilities and Resources: _____

Impact on Park Staff: _____

Comments (attach additional sheets if necessary): _____

Total Fees: _____ Fees Waived? YES _____ NO _____

Park Manager Recommendation

Recommendation: Approval _____ Disapproval _____ Comments: _____

Signature: _____ Date: _____

Region Manager Decision

Decision: Approval _____ Disapproval _____ Comments: _____

Signature: _____ Date: _____

NOTE: Region Managers are designated by the Director as the approval authority. Region Managers must provide the IDPR Public Information Officer with copies of all APPROVED Filming Permits.