



Archdiocese of Detroit

DEPARTMENT OF COMMUNICATIONS
FILM SERVICES
305 Michigan Avenue
Detroit MI 48226
www.AoOnline.org/FilmServices
EMAIL FilmServices@aod.org
TEL 313-237-5943
FAX 313-237-4644

FILMING REQUEST FORM

Name of Production: _____

Production Company: _____ Website: _____

Permanent Address: _____

Local Address: _____

Name/Primary Contact: _____ Email: _____

Phone(s): _____ Fax: _____

Producer: _____ Phone: _____ Email: _____

Production Manager: _____ Phone: _____ Email: _____

Location Manager: _____ Phone: _____ Email: _____

Any Additional Contacts: _____

Submit Filming Request to:

Attn: Film Services

Email: filmservices@aod.org

FAX: (313) 237-4644

***You may alert us to look for it by leaving a voice message at (313) 596-7130.**



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PRODUCTION DETAILS:

Type of Production: _____ Approximate Budget: _____

Financial Backers: _____

Classification: TV___ Commercial___ Feature___ Short___ Documentary___ Multi-media___
Non-Profit___ Other_____

Anticipated Rating/Venue: _____ Target Audience: _____

Description of Need & Use for Archdiocesan Property/Buildings: _____

Specific Facility (if known): _____

Is Catholic/Religious Identity important to the script? _____

Production Time Needed On-Site (include surveys & pre-production) _____

Anticipated Shoot Date(s) and hours: _____

Total size of personnel (Cast and Crew) _____ Number of production vehicles _____

Pyrotechnics/Explosives: _____ Simulated Crimes: _____ Use of Firearms: _____

Animals: _____ Open Flames: _____ Other Notable Activity: _____

Insured by: _____

Bonded by: _____

ADDITIONAL NOTES: _____

Please attach a typed Script Synopsis/Story Line or provide 400-500 words about the storyline and/or general plot on an additional sheet.