

**Filming in the Southern Grampians Shire**

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| **Contact Details** | Contact Name:  Name of organisation:  Postal Address:  Phone number: |
| **Proposed Filming Date and Time** | Date:  Start Time:  Finish Time: |
| **Proposed Filming location (within the Southern Grampians Shire)** |  |
| **Purpose of filming** |  |
| **Number of people involved** |  |
| **PUBLIC LIABILITY INSURANCE**  It is the responsibility of the applicant to hold an appropriate level of **public liability insurance**. Please provide a copy of your public Liability Insurance | Have you attached a copy of your current Public Liability Insurance?   * Yes * No   This policy must be extended to specifically cover the filming location, date and people involved. |

*I agree that the information above is true and correct.*

**Name:**

**Signature:**

**Date:**

**PLEASE RETURN COMPLETED FORM TO:**

**Events Marketing Development Officer**

Locked Bag 685 or 1 Market Place

Hamilton VIC 3300

Email: sbarnes@sthgrampians.vic.gov.au

Ph: 5573 0239