

Permit Application Form

PRINT, COMPLETE and RETURN this PERMIT APPLICATION FORM.

Your Name: _____

Your Phone #: _____ Your Email: _____

Prod. Comp. Name: _____

Project Title: _____

Location Mgr Name: _____

Location Mgr Phone: _____ Location Permit #: _____

Location Address: _____

First Date of Effects: _____ Minors Near FX: Yes / No _____

Brief Description of Action Near Active Effects:

Return the completed form to:

Special Effects Unlimited
8942 Lankershim Blvd.
Sun Valley, CA 91352
323.466.3361
info@specialeffectsunlimited.com