



# TOWN OF SUDBURY

Office of Selectmen

[www.sudbury.ma.us](http://www.sudbury.ma.us)

Flynn Building  
278 Old Sudbury Rd  
Sudbury, MA 01776-1843  
978-639-3381  
Fax: 978-443-0756

Email: [BOAdmin@sudbury.ma.us](mailto:BOAdmin@sudbury.ma.us)

## APPLICATION FOR FILM PRODUCTION IN SUDBURY

**Permission is required to film on Town land. Please follow instructions below to complete a permit request. Attach additional pages as needed.**

**It is advised that applicants contact the Police Department at 978-443-2223 to discuss public safety needs as well as determine level of police detail that will be required for their project.**

Project Name \_\_\_\_\_

Project Description \_\_\_\_\_

Project Type (please check all that apply):

- TV                       Documentary                       Student  
 Movie                       Commercial                       Other

Organization Name \_\_\_\_\_

Organization Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone Number(s) of contact \_\_\_\_\_ (cell) \_\_\_\_\_

Email address \_\_\_\_\_

Date(s) and Times of filming:

Date	Starting Time	Ending Time
1.		
2.		
3.		

Number of: Crew/talent \_\_\_\_\_ Vehicles \_\_\_\_\_

Desired location \_\_\_\_\_

Will there be a need to divert traffic? \_\_\_\_\_

Will large equipment require parking or storage near the filming location? \_\_\_\_\_

Will there be tents/staging, scaffolding or inflatable items? \_\_\_\_\_

If use of Town Building(s) is requested, please specify \_\_\_\_\_

Are crowds expected? \_\_\_\_\_

Will signage be placed on the street or existing signage altered? \_\_\_\_\_

Other relevant details \_\_\_\_\_

PLEASE ENCLOSE:

- Map indicating all areas affected by filming
- List of all addresses abutting film site

PLEASE NOTE:

- If your request is approved, you will be asked to furnish a Certificate of Liability Insurance naming Town of Sudbury as additional insured for the date and location of filming with a minimum amount of liability of \$\_\_\_\_\_.
- Film credits must read: "Town of Sudbury"

*The undersigned agrees that the applicant will conform to applicable laws, by-laws and regulations as well as any special requirement that may be made as a condition of the granting of the permit pursuant to this application. I/we agree to hold the Town of Sudbury harmless from any and all liability and will defend the Town of Sudbury in connection therewith.*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Please submit completed application to:**

Office of Selectmen  
Attn: Film Permit Application  
278 Old Sudbury Rd  
Sudbury, MA 01776  
[BOSSadmin@sudbury.ma.us](mailto:BOSSadmin@sudbury.ma.us)