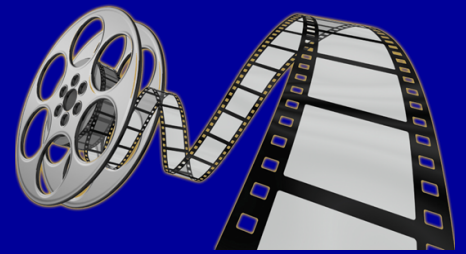


City of White Plains Film Department



Film Set Questionnaire

THIS FORM MUST BE ACCOMPANIED BY FILM PERMIT APPLICATION

Film Production Title:

Today's Date:

Applicant's Name

Telephone Number:

Name of Production
Company:

Film Location:

Please identify any production processes, materials or conditions that may need special fire and/or life safety attention from the White Plains Fire Department.

Describe any special effects that you will be incorporating in your scenes

Detail any scenes that require any special effects.

If necessary for safety, the White Plains Fire Department may require production alterations or on-site mitigation measures.

Description of processes, material or conditions [include a site plan, if applicable]