

GREAT
NORTHERN
CATSKILLS
OF GREENE COUNTY

LOCATION FORM

LOCATION # _____

ADDRESS:

LOCATION NAME/DESCRIPTION:

FILM DATE(S): _____ FILM TIMES: _____

PREP DATE(S): _____ STRIKE DATE(S): _____

SPECIAL EFFECTS/PYRO:

GUNFIRE (TYPE & LOAD):

INTERMITTENT TRAFFIC CONTROL (ENTER STREET NAME, WHICH DIRECTION & WHERE TO WHERE):

_____ DATE: _____ TIME FRAME: _____

ROAD/LANE CLOSURE (ENTER STREET NAME, WHICH LANES & FROM WHERE TO WHERE):

POSTING NO PARKING (ENTER STREET NAME, WHICH SIDE OF STREET & FROM WHERE TO WHERE):

STREET NAME: _____ DATE: _____ TIME FRAME: _____

STREET NAME: _____ DATE: _____ TIME FRAME: _____

STREET NAME: _____ DATE: _____ TIME FRAME: _____