PIMA COUNTY
NATURAL RESOURCES
PARKS & RECREATION
Chris Cawein, Director

3500 West River Road
Tucson, AZ 85741
520.724.5000
fax 520.724.5078
www.pima.gov/nrpr

This request will be used when the proposed application is being made by a photographer for a one day, limited scope shoot such as wedding pictures, team photographs, family photograph, etc. For requests involving more complex productions that require multiple crew members, multiple vehicles and special equipment, requests needing road control measures or unique accommodations please contact the Pima County Department of Risk Management for further instruction.

If the request is a commercial photography activity, the applicant shall be required to provide written documentation of General and Automobile liability in an amount of $1,000,000 per occurrence and name "Pima County and its Districts" as additional insured. Such insurance shall be kept in force throughout the life of the permit. All policies will contain an endorsement providing that written notice be given to NRPR at least ten (ten) calendar days prior to cancellation or reduction in coverage. Pima County will be added as an additional insured for such coverage. CERTIFICATES OF INSURANCE FOR COVERAGE LISTING PIMA COUNTY AS ADDITIONAL INSURED AS DESCRIBED ABOVE SHALL BE FILED WITH NRPR PRIOR TO COMMENCEMENT OF ANY ACTIVITY. Allow a 7-10 working day processing period once all the necessary documents are received by Pima County NRPR.

COMMERCIAL PHOTOGRAPHY / FILMING REQUEST

Date of Application:	Project Description
Company:	Primary Contact Name& Title:
Tax ID #:	
Address:	Phone: / Cell Phone:
	E-mail Contact:

Detailed description of onsite activities (attach additional pages as necessary)

PROPOSED COUNTY LOCATION(S) And Date(s)/Times: _____   _____

When completed send to:
> **Pima County Natural Resources, Parks & Recreation**
> **3500 W. River Rd.   Tucson, AZ 85741**
> **520-724-5000   NRPR.info@pima.gov**

TO BE COMPLETED BY PIMA COUNTY NRPR:
Collection Agreement Required: __Yes __ No
Certificate of Insurance Complete: ___Yes ___NO
Conditions / Restrictions Attachment ON ROE: __ Yes   __No
Additional Risk Management Approval: ___NO ___YES-   __Complete __Pending
Information Gathered By:
ROE Template Completed on: Date   ROE Document Name;