



Photo/Film Request Form

Applicant Name _____ Date _____

Primary phone number | Other phone number _____ Email Address _____

School Project _____
School Name | School Instructor (If Applicable) _____ School Instructor Email Address _____

Other _____

Requests

- Video
- Still Photography
- Shelter Employee Interview (if available)
- Other, please specify _____

PROJECT INFORMATION

Project Name _____ Date and Time Requested*
(Tuesday-Friday from 12pm-6pm)

*Appointment time is not confirmed until you receive an email from the Marketing Department.

**Description of Project i.e. what is the purpose, what footage do you hope to attain?
(Please be as detailed as possible and attach additional pages if necessary.)**

Signature _____ Date _____

FOR OFFICE USE ONLY: _____

Date received _____ Action Taken _____

HSGM Official Signature _____ Date _____