



Welland Public Library/Bibliothèque publique de Welland
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Welland Public Library Photography/Filming Application

Organization/Individual Name:
Address:
Phone #:
Email:

Contact Person:
Phone #:
Email:

Name of Production:
Type of Production: Movie <input type="checkbox"/> TV <input type="checkbox"/> Photo <input type="checkbox"/> Music Video <input type="checkbox"/> Commercial <input type="checkbox"/> Educational Use <input type="checkbox"/> Personal Use <input type="checkbox"/> Other, Please Specify:
Brief Description of Production & Requirements:
Requested Location:
Date(s) & Times:

Applicant Signature: _____ Date: _____

Approval Signature: _____ Date: _____