Irvine Ranch Water District

ON-SITE FILMING, TAPING & PHOTOGRAPHY PERMISSION REQUEST

CONTACT INFORMATION	
Requestor Name:	Company:
Phone:	Title:
Email:	
Address:	
Today's Date: Pr	roposed Shoot Dates: to
IRWD Staff Contact:	
PROJECT DETAILS	
Description/Location:	
On-site Company Contact Name:	Phone:
Production Company Name:	Phone:
INTENDED USE/MEDIUM	
Intended Use: Company Website Print	Training Other
Attribution: IRWD Specific (Images may not be use	ed for commercial purposes and must undergo IRWD review prior to use.)
Anonymous (No attribution to IRWD)	
Medium: Photos Film Othe	er
SIGNATURES	
Company Representative:	Date:
IRWD Approved:	Date:

IRVINE RANCH WATER DISTRICT

PLEASE RETURN FORM TO:

Irvine Ranch Water District
Public Affairs Department
15600 Sand Canyon Avenue
Irvine, California 92619-7000
Email Form To: info@irwd.com
Further Information: 949-453-5500