

DATE:

**CONTACT NAME:** 

**COMPANY NAME:** 

**PRODUCTION NAME:** 

Cop Prop Rentals of NY 394 Logtown Road Port Jervis, NY 12771 917-885-6128 www.CopPropRental.com

## **NEW PROJECT INFORMATION FORM**

TITLE:

**TYPE OF PRODUCTION:** 

COMPANY ADDRESS: EMAIL: PHONE: PRODUCTION DATES: PRODUCTION LOCATION(S):						
	PROP DESCRIPTION OR IT	EM NUMBER	QUANTITY	SIZE(S)	OPTIONS	
1						
2						
3						
4						
5						
6						
7						
Requested Delivery Date:		E	Estimated Return Date:			
Prop Master:		E	Email:			
Wardrobe Coordinator:		E	Email:			
Armorer / Weapon Handler:		E	Email:			
Stunt Coordinator:		E	mail:			
NDA or	Confidentiality Agreement Re	quired:				
FILM PERMIT obtained for use of Police Uniforms, Police Equipment and Prop Firearms?						
Permit Number:		Municipality of	Municipality of Issue:		ate of Issue:	
Insurance Policy Number:		Compar	Company:			
Additional Information:						