

**APPLICATION FOR LOCATION FILMING
AT SITES CONTROLLED BY
DRAINAGE SERVICES DEPARTMENT**

To : Director of Drainage Services (Attn. : ADS/GA3)
Fax No. : 3104 6424
Email : enquiry@dsd.gov.hk
No. of Pages : _____ (Including this page)

Particulars of Applicant

Name of Company : _____
Business Address : _____

Name of Contact Person : _____
Post of Contact Person : _____
Contact Number : _____
Fax Number : _____

Details of filming operation

1. Date(s) _____ (dd/mm/yyyy)
_____ (dd/mm/yyyy)
2. Duration from _____ hrs to _____ hrs
from _____ hrs to _____ hrs
3. Details of location (please attach a detailed location plan and/or photos specifying the exact location where filming operation will take place):

4. Brief description of filming (e.g. name, nature and scenes. Please also attach the concerned script or storyboard for reference.):

5. Number of filming crew members (including production staff and actors/actresses):

6. Number of vehicles (type and registration no.):

Notes:

- (a) The applicant should call Assistant Departmental Secretary (Gen Admin 3) (tel. no.: 2594 7052) before sending in the application form with information on the exact location (with a location plan and specific address), date, time, brief description of scenes, size of the crew and no. of vehicles. We will take **6 working days** to process the application after confirmation of all the required filming details.
- (b) If this application is approved, a fee of \$6,640(basic charge) for the first 4 hours, \$1,890 for each subsequent 4-hour block and the overheads for providing extra government personnel or equipment to monitor or take part in the filming will be charged. The total fee and a refundable deposit equal to the total fee payable are to be paid before filming.
- (c) Lighting of fire or the use of fireworks, explosives and any inflammable materials are strictly prohibited.
- (d) The personal data provided by means of this form will be used for processing your application for location filming. It may be divulged to other departments/agencies for the same purpose.
- (e) For correction of or access to personal data contained in this application, please contact our Assistant Departmental Secretary (Gen Admin 3).

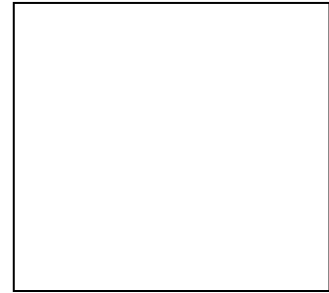
- (f) Please submit the filled form according to the accepted means of submission. To protect your personal data, please use email service which provides Simple Mail Transfer Protocol (SMTP) over Transport Layer Security (TLS) to send this e-form if you choose to use email to submit the form. This security setting is used by popular email service providers such as Gmail, Outlook or Yahoo email. If you have queries whether other email account will use the SMTP over TLS for sending the e-form, please check with the email service provider.

Signature:

Name in Block Letter:

Position in Company:

Date:



(Company Chop)

11/2022