

Once completed, please fax this form to BC Film Commission at (604) 660-4790.

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1. Contact Information

First _____ Last _____
Phone _____ e mail _____

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2. Incident Location

Date _____ Approximate time of incident _____

Location _____

Location Address _____

Locations Manager:

First _____ Last _____ Phone _____

Permit Office:

First _____ Last _____ Phone _____

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3. Incident Description

Brief Description of Incident:

Action Taken:

Incident Report cont....

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Follow Up:

.....

4. Incident Witnesses

Witnesses/Police:

Witness 1

First _____ Last _____ Phone _____

Witness 2

First _____ Last _____ Phone _____

Witness 3

First _____ Last _____ Phone _____



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