



## AFFIDAVIT FOR PRODUCTION

The City of Newnan requires that any production wishing to film in the City shall complete, sign, and notarize this affidavit. In addition, the applicant shall provide a list of individuals/businesses which will be impacted by the proposed production activity.

**Please Note:** Failure to complete and submit this affidavit may result in denial of overall request to film within the city by staff and/or Newnan City Council.

I, \_\_\_\_\_ of \_\_\_\_\_,  
(production representative) (production company)

hereby acknowledge that during the dates of \_\_\_\_\_  
(dates / time frames)

all impacted business owners and residents in the area/location of \_\_\_\_\_  
(location of filming area)

may be impacted by the filming/production of \_\_\_\_\_  
(working title of production)

have been contacted in accordance with the City of Newnan's Guidelines / Checklist for Filming.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code §16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_,  
City State

\_\_\_\_\_  
Name of applicant (printed) Signature of applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_,  
20 \_\_\_\_\_.

Notary Public: \_\_\_\_\_ (Affix Seal)

My Commission Expires: \_\_\_\_\_.

## List of Contacted Individuals Impacted by Filming/Production

Name	Address	Type of Contact	Type of Contact
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter
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