DOCUMENTARY REQUEST FORM

TO: Deputy Commissioner, Department of Corrections

Date of Request: _______________ Media Affiliation: _________________________________

Name of Producer: ______________________________________________________________

Specific Subject of Documentary: __________________________________________________

Requested for Access on Site (e.g., 3 days - 8:00 a.m. – 2:00 p.m.)

Amount and Type of Equipment: ________________________________________________

Type of Activities to be Audio/Video Recorded: _____________________________________

Name(s) of Individuals to Create Documentary (e.g., Reporter, Cameraperson, etc):

Signature of Producer: ____________________________________________________________

☐ Approve ☐ Deny  Chief Administrative Officer’s or Regional Correctional Administrator’s Signature  Date

☐ Approve ☐ Deny  Commissioner’s Signature  Date

Comments: ________________________________________________________________

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