

MAINE DEPARTMENT OF CORRECTIONS

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: _____
