

COUNTY OF HUDSON RECORDING/FILMING/PHOTOGRAPHING REQUEST FORM

Notice to Applicant: This form is governed by County of Hudson Ordinance No. 22-1-2025

Applicant Information:

Form must be filled out by each individual recording/filming/photographing, and/or involved or associated in the recording/filming/photographic of County buildings/facilities.

Completed form(s) shall be submitted to County of Hudson: Law Department via email at mediarequest@hcnj.us

Applicant's Name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		

Name of County Property to be Recorded/Filmed/Photographed (Building / Department):	_____
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Date(s) Requested For Recording/Filming/Photographing	_____	Proposed Start Time: (AM/PM)	_____	Approximate Total Hours of Recording/Filming/Photographing	_____
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Purpose of Use:	_____
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Number of Attendees:	_____	Number of Recording Devices:	_____
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Nature of Recording (Check All That Apply):	Audio <input type="checkbox"/>	Visual <input type="checkbox"/>
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Nature of Recording Device(s) if Applicable:	Camera <input type="checkbox"/>	Phone <input type="checkbox"/>	If "Other," Explain: _____
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Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information may result in automatic withdrawal of permissions given and subject me to all relevant violations as detailed in the Hudson of County Ordinances.

Signature:	_____	Date:	_____
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