COUNTY OF HUDSON RECORDING/FILMING/PHOTOGRAPHING REQUEST FORM

Notice to Applicant: This form is governed by County of Hudson Ordinance No. 58-1-2025

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:	
	Last	Fin	rst	M.I.		
Address:					Phone:	
	Street		Apt/Unit #			
					Email:	
	City		State	Zip Code		
Name of County Property to be Recorded/Filmed/ Photographed (Building / Department):						
Date(s) Requested For Recording/Filmin g/Photographing		Propo Start 7 (AM/I	Time:		Approximate Total Hours of Recording/Filming/ Photographing	
Purpose of Use:						
Number of Attendees:		Number of Recording Devices:				
Nature of Recording	(Check All That Apply):	Audio □	Visual □		
Nature of Recording	Device(s) if Applicable	:	Camera □	Phone	If "Other," Explain:	
Disclaimer and	d signature					
I certify that my answers are true and complete to the best of my knowledge.						
	se or misleading information of Countries of			withdrawal of	f permissions given and subject me to all relevant	
Signature:					Date:	