



# ROCKY MOUNTAIN NATIONAL PARK FILMING LOCATION FEES



Rocky Mountain National Park

REQUIRED INFORMATION IS MARKED BY AN ASTERICK\*

\*Special Use Permit #: **IMR-ROMO-5500-**  Contact Public Affairs Office 970-586-1363

**Permittee Information:**

\*First Name:  \*Last Name:

\*Phone #:  \*Email:

\*Film Company:

\*\*Select Fee to Pay For: (Verify Selection before Payment)

**Location Fees:**

Video Fees/Motion Picture

			<u># of Days</u>	<u>Total</u>
<input type="checkbox"/> 1-10 People	<b>\$150</b>	Per Day	X <input type="text"/>	= \$ <input type="text"/>
<input type="checkbox"/> 11-30 People	<b>\$250</b>	Per Day	X <input type="text"/>	= \$ <input type="text"/>
<input type="checkbox"/> 31-49 People	<b>\$500</b>	Per Day	X <input type="text"/>	= \$ <input type="text"/>
<input type="checkbox"/> Over 50 People	<b>\$750</b>	Per Day	X <input type="text"/>	= \$ <input type="text"/>

Commercial Still Photography

			<u># of Days</u>	<u>Total</u>
<input type="checkbox"/> 1-10 People	<b>\$50</b>	Per Day	X <input type="text"/>	= \$ <input type="text"/>
<input type="checkbox"/> 11-30 People	<b>\$150</b>	Per Day	X <input type="text"/>	= \$ <input type="text"/>
<input type="checkbox"/> 31-49 People	<b>\$250</b>	Per Day	X <input type="text"/>	= \$ <input type="text"/>

Total Amount Due \$  \*\*Verify information before submitting payment

\* Select Payment Type:  Credit Card  ACH Debit