Appendix I – Resolutions

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(USE THIS RESOLUTION FORMAT WHEN CLOSURE OF THE STATE HIGHWAY WILL REQUIRE TRAFFIC REDIRECTION ONTO LOCAL STREETS OR ROADS)

WHEREAS (name of production con		
California to conduct (describe filmi		
and		
WHEREAS (filming activities)	will require	the temporary closure of
State Highway Route	on (date)	between (location)
and	between the hours	of and
; and		
WHEREAS said temporary closure v following (city streets/county		
NOW THEREFORE be it resolved t	hat the City/County of	approves
and consents to the proposed (film	ing activities)	and recommends
approval of and consents to the propo	osed re-routing of traffic or	nto and over the described
city streets/county roads upon terms a	and conditions deemed app	propriate and necessary by
the State of California, Department of	f Transportation.	

(USE THIS RESOLUTION FORMAT WHEN THE FILMING ACTIVITY REQUIRES CLOSURE OF THE STATE HIGHWAY AND THERE IS NO ACCEPTABLE ALTERNATE ROUTE)

WHEREAS (name of production company) has California to conduct (describe filming activities) and			
WHEREAS (filming activities)			
State Highway Route			
and; and	between the hours of	and	
WHEREAS there is no acceptable al using State Highway Route		_	
NOW THEREFORE be it resolved the	at the City/County of	approves	
and consents to the proposed (filmin	ng activities)	and recommends	
approval of and consents to the pro-	posed closure/restriction o	f State Highway Route	
upon terms and co	onditions deemed appropria	te and necessary by the	
State of California, Department of Tra			

(USE THIS RESOLUTION FORMAT WHEN A RESTRICTION ON THE STATE HIGHWAY OCCURS BUT NO CLOSURE OR DETOUR IS REQUIRED)

WHEREAS (nam	ne of production company)	has a	applied to the State of
	duct (describe filming activities)		
WHEREAS (film	ning activities)	will temporaril	y impede and restrict
the free passage	e of traffic over State Highway	Route	on (date)
	between (location)	and	between
	and		
NOW THEREFO	ORE be it resolved that the City/C	ounty of	approves
and consents to	the proposed (filming activities)		and recommends
	d consents to the proposed re upon terms and conditions deer		
	alifornia, Department of Transporta		

(USE THIS DOCUMENT FORMAT WHEN TIME FACTORS DO NOT PERMIT A RESOLUTION ADOPTION BEFORE THE DATE OF THE FILMING AND REQUIRES RE-ROUTING OVER CITY STREETS/COUNTY ROADS)

(To be addressed to the California Film Commission)

(Name of production company)	has applied to the State of Ca	llifornia
to conduct (describe filming activities)	on State Highway	Route
on (date)	, between (location)) and
between the hours of	and	Said
event will require the temporary closure of State	Highway Route	, as
indicated, and the re-routing of traffic over	(describe city streets/county	roads)
The next regularly scheduled meeting of the C	City Council/Board of Supervi	isors of
will be on (date)	A formal Resolution	by the
Council/Board cannot be obtained before the pro-	oposed date of the (filming ac	tivities)
In my capacity as (title)	for the City/Co	unty of
, I am authorized to adv		
approves and consents to the	proposed event upon such ter	ms and
conditions deemed appropriate and necessary by	the State of California, Departs	ment of
Transportation and further recommends approval	l of and consents to the re-rou	uting of
traffic onto and over the named city streets/county	roads.	
Date: Signature	::	

(USE THIS DOCUMENT FORMAT WHEN TIME FACTORS DO NOT ALLOW A RESOLUTION TO BE ADOPTED BEFORE THE DATE OF THE FILMING)

(To be addressed to the California Film Commission) (Name of production company) has applied to the State of California to conduct (describe filming activities) on State Highway Route on _____, between (location) and _____ between the hours of _____ and _____. The next regularly scheduled meeting of the City Council/Board of Supervisors of will be on (date) _____. A formal Resolution by the Council/Board cannot be obtained before the proposed date of (filming activities) _____. In my capacity as (title) ______ for the City/County of _____, I am authorized to advise you that the City/County of approves and consents to the proposed event upon such terms and conditions deemed appropriate and necessary by the State of California, Department of Transportation. Signature: Date: _____

(USE THIS RESOLUTION FORMAT WHEN CLOSURE OF THE STATE HIGHWAY WILL REQUIRE TRAFFIC REDIRECTION ONTO LOCAL STREETS OR ROADS)

WHEREAS (name of sponso	r) has applied to	the State of California
to conduct (describe special ev	vent)on State prop	perty; and
WHEREAS (special event)	will require the tem	nporary closure of State
Highway Route	on (date)	between (location)
and	between the hours of	and
; and		
	losure will cause the re-routing of trouting roads),	
NOW THEREFORE be it res	solved that the City/County of	approves
and consents to the propos	sed (special event)	and recommends
	ne proposed re-routing of traffic onto	
city streets/county roads upon	terms and conditions deemed appro-	priate and necessary by
the State of California Depart	ment of Transportation	

(USE THIS RESOLUTION FORMAT WHEN THE SPECIAL EVENT REQUIRES CLOSURE OF THE STATE HIGHWAY AND THERE IS NO ACCEPTABLE ALTERNATE ROUTE)

WHEREAS (name	of sponsor) _		has applied	to the State of	f California
to conduct (describe special event)		E)	on State p	property; and	
WHEREAS (specia	ıl event)		will require the t	emporary clos	ure of State
			(date)		
	and		_ between the hours of	of	and
;					
	-		nate route, with the re		•
NOW THEREFOR	E be it resolv	ed that	the City/County of		_ approves
and consents to 1	he proposed	(specia	event)	and re	ecommends
approval of and co	onsents to the	propos	ed closure/restriction	of State High	way Route
	upon terms ar	nd condi	tions deemed appropri	iate and neces	sary by the
			ortation.		

(USE THIS RESOLUTION FORMAT WHEN A RESTRICTION ON THE STATE HIGHWAY OCCURS BUT NO CLOSURE OR DETOUR IS REQUIRED)

WHEREAS (name of sponsor)to conduct (describe special event)	has applied to the State of California on State property; and
WHEREAS (special event)	will temporarily impede and restrict the
	nway Route on (date)
between (location)	and
between the hours of and	; and
NOW THEREFORE be it resolved that the	City/County of approves
and consents to the proposed (special e	event) and recommends
	osed restriction of State Highway Route ns deemed appropriate and necessary by the
by the State of California. Department of Tra	

(USE THIS DOCUMENT FORMAT WHEN TIME FACTORS DO NOT PERMIT A RESOLUTION ADOPTION BEFORE THE DATE OF THE SPECIAL EVENT AND REQUIRES RE-ROUTING OVER CITY STREETS/COUNTY ROADS)

(To be addressed to the Department's Permit Engineer)

(Name of sponsor)	has a	pplied to the St	ate of C	California 1	to conduct
(describe special even					
O1	n (date) _		_, be	etween	(location)
and	b	etween the hour	s of		and
Said e	vent will requir	e the temporary	closur	e of State	Highway
Route, a	s indicated, and	the re-routing o	f traffic	over (de	scribe city
streets/county roads)	.				
The next regularly schedule will be Council/Board cannot be conditions deemed appropri	on (date) obtained before capacity as (title authorized to and consents the ate and necessare)	the proposed of advise you the proposed by by the State of	A formal late of for that the event up of California.	l Resoluti the (spec the City/ ne City/C pon such ornia, Dep	con by the sial event) County of County of terms and artment of
Transportation and further	recommends app	proval of and co	onsents	to the re-	routing of
traffic onto and over the nam	ned city streets/co	ounty roads.			
Date:	Sign	nature:			

(USE THIS DOCUMENT FORMAT WHEN TIME FACTORS DO NOT ALLOW A RESOLUTION TO BE ADOPTED BEFORE THE DATE OF THE SPECIAL EVENT)

(To be addressed to the Department's Permit Engineer)

(Name of sponsor)	has applied to t	he State of California to conduc
(describe special event)	State High	way Route or
(date), be	tween (location)	and
between the hours of	and	The next regularly
scheduled meeting of the	City Council/Board of Su	upervisors of will be on (date)
A formal	Resolution by the Council	/Board cannot be obtained before
the proposed date of (spec	cial event)	In my capacity as (title)
for the Ci	ity/County of	, I am authorized to advise
you that the City/County of	approv	ves and consents to the proposed
event upon such terms and c	onditions deemed appropri	ate and necessary by the State of
California, Department of Tra	ansportation.	
Date:	Signature:	