



MAIL: **CITY OF RANCHO PALOS VERDES**
ADMINISTRATION DEPARTMENT
30940 HAWTHORNE BOULEVARD
RANCHO PALOS VERDES, CA 90275
ATTN: Matt Waters
PHONE: 310-544-5218

Event Date: _____

City Hall Overflow Parking Lot Application

This permit is applicable only to the activity specified below and may not be construed as exclusive use of the area. Use of the facility before or after the scheduled rental time is subject to additional charges. The City reserves the right to cancel this permit where City functions conflict. Permission for any other event must be requested in writing from the Director of Recreation and Parks.

Area Requested: City Hall Overflow Parking Lot Date/Time: _____

Type of Event: _____

Number/type of Vehicles/Equipment:

Name of Applicant: _____ Name of Company: _____

Applicant's position in Company: _____

Address: _____

Email: _____

Business Phone _____ Cell Phone _____

Flat Fee: \$ 411/per day * # of days _____ Total: \$411 X # of days = \$ _____

Purchasing City Insurance (rate based on hazard level and attendance)

Will applicant be serving alcohol Yes___ No x

Applicant will provide copy of own insurance policy naming the City of Rancho Palos Verdes Additionally insured for One Million Dollars (\$1,000,000) Single-Limit Liability.
Insurance coverage to be included with film permit. See attached Cashier Payment Instruction for payment.

TOTAL DUE \$ _____

Date paid _____ Amount \$ _____ BALANCE DUE \$ _____

Comments: Use of City Hall Property limited to overflow parking lot and access road leading to overflow parking lot. No parking allowed on access road. Lot must be returned to original condition by end of rental period. No parking or use of helipad or adjacent area is permitted.

**** Payment to be included with Film Permit Expenses**

INDEMNITY STATEMENT: I hereby certify that I will abide by all rules and regulations of the City of Rancho Palos Verdes and will enforce such rules among participants in my organization. As a duly authorized representative to the requesting organization and on behalf of the requesting organization, I agree to save, keep and bear harmless the City of Rancho Palos Verdes and all its officers and agents from all damage costs or expenses in law equity (including costs of suit and expenses for legal services) that may arise or be set up because of damage to property or death or injury to persons received or suffered in connection with the event described above which may be occasioned by any negligence on the part of the requesting organization or any of its agents or employees, or my act of omission to act on the part of said organization, its agents or employees which result in a dangerous condition of property on requested City facility.

I have read the contract and required policies and agree to abide by all rules.

Applicant Signature _____ Date _____

Authorizing Signature _____ Date _____



RANCHO PALOS VERDES

Cashier – Payment for Invoice

To pay an Invoice:

- You can pay online at <https://etrakit.rpvca.gov/eTRAKiT/>
- Cashier's Office hours are 7:30 a.m. - 5:30 p.m. Monday through Thursday, Fridays are 7:30 a.m. – 4:30 p.m. They are closed daily from 12p.m. – 1 p.m.

City of Rancho Palos Verdes Film Permit Desk
30940 Hawthorne Boulevard, Rancho Palos Verdes, CA 90275
Phone: (310) 544-5260 **E-mail: film@rpvca.gov**