

NM STATE PROPERTY SCOUT REQUEST FORM

Place an "X'	' for: S	COUT	or TECH SCOUT	

This is a request to **scout** a state-owned building/property. Submit a separate form for each location. This is not a contract, however, covers the following:

- A minimum of 3 business days (pending availability of location) notice is recommended.
- If two productions request use of same property at a similar time, this form will create a queue of first "right of use".
- Upon receipt of this form, the NMFO will facilitate the internal approval process between agencies.
- If the production is interested in filing in this location additional forms will be required.
- If the production is interested in filming in this location additional forms will be required.

Email this completed form to Rochelle Bussey: rochelle@nmfilm.com.

1. NAME OF STATE-OWNED BUILDING OR PROPERTY:	
2. ADDRESS:	
3. AREA'S OF INTEREST (I.E. INTERIOR / EXTERIOR):	
3. PROPOSED SCOUT DATE(S):	
4. TIME(S):	
5. NAME OF PRODUCTION:	_# OF PEOPLE ON SCOUT:
6. CONTACT (NAME AND CELL PHONE #):	
COMMENTS:	

For use of the "Old Main" property only. Please initial after each statement.

New Mexico Corrections Industries Visitation Protocol For "Old Main"

Submit all attendees' names and date of birth (as listed on individuals DL).

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Names will be forwarded to the PNM Ward	en for clearance of the property
 explanation about personal items not allow All visitors will remain at the gate once clear Industry staff member and/or a certified con 	m sent to the location manager that includes an ed onsite ared for entry by the gate officer for a Corrections rectional officer correctional officer conducting the tour and all
AGREED BY PRODUCTION COMPANY:	
Company:	Production:
NAME (PRINT):	Title:
Signature:	Date:
AGREED TO HOLD LOCATION, STATE OF NEW MEXI	CO: Approved: Not Approved:
NMFO Signature:	
Name (PRINT):	
Title:	
Date:	
Reason for Not Approved:	



Division Signatures:	
Division:	Division:
Signature:	Signature:
Name (PRINT):	Name (PRINT):
Title:	Title:
Date:	Date:
Division:	Division:
Signature:	Signature:
Name (PRINT):	Name (PRINT):
Title:	Title:
Date:	Date:
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Signature:	Signature:
Name (PRINT):	Name (PRINT):
Title:	Title:
Date:	Date:



GENERAL SERVICES DEPARTMENT / FACILITIES MANAGEMENT DIVISION TO HOLD LOCATION, STATE OF NEW MEXICO:

Division: GSD/FMD

Signature: ______Name (PRINT): Cheri Lujan
Title: Real Property Manager/General Services Department
Date: ______
Or Designee

Signature: _____Name (PRINT):
Title: ______
Date: ______