RIVIERA NAYARIT

REQUEST FORM FOR SUPPORT AND/OR SERVICES

DATE:

APPLICANT INFORMATION

Name or Registered Company Name

In case of taxpayer Identification Number

Nationality

Telephone

Email Address

Address

Legal Representative *(Include a copy of their official ID)*

Name

Email

Work Number

Mobile Number

REQUEST FORM FOR SUPPORT AND/OR SERVICES

Production dates

Insurance policy for civil liability and third-party damages *(Include a copy of the policy)*

Insurance Company

Policy Number

Beneficiary

Validity

Coverage

Project Name

Project Type and Description:

Synopsis

Location or locations where the production will take place

Contacto: Guillermo Guerrero
Móvil (52) 1 322 131 4205
E. gmoguerrero@rivieranayarit.com
Av. Paseo de los Cocoteros # 85 Sur, Local I-8,
Centro Comercial Paradise Plaza,
Nuevo Vallarta, Nayarit, CP 63732
Tel: (322) 297-2516 / Fax: (322) 297-1223

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Equipment

Number of vehicles

On-location production expense budget:

Name of the hotel where the production will be staying:

Number of crew and positions:

Dates on location:

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REQUEST FORM FOR SUPPORT AND/OR SERVICES
(Please send in your requests a minimum of 24 hours in advance)

Person in charge of production *(Include a copy of their official ID)*

Name

Email

Work Number

Mobile Number

Comments:

Applicant Name

_____
Signature

I declare under penalty of perjury that the information contained herein is true and accurate. This document also serves as a commitment to maintain and safeguard the integrity of the locations where the project will take place, avoiding any type of damages including but not limited to material, environmental, and economic. The premises will be returned as they were received, cleaned of any and all trash and waste generated during production.

Any personal information will be protected, incorporated and used according to the Mexican Federal Law of Transparency and Access to Public Government Information and other applicable regulations.