



Ministero della cultura

GALLERIA DELL'ACCADEMIA DI FIRENZE

**For the attention of the Director of the Galleria dell'Accademia di Firenze
Rights and Reproductions Department**

Applicant's name and surname _____

Name of the firm/company/institution _____

Address _____ Country _____

Phone number _____ Fax _____ e-mail _____

THE UNDERSIGNED ASKS

the Director **to make video / photo shoots** of the following works of art:

- _____
- _____
- _____
- _____
- _____

Use of the movie _____

Time needed for filming (minimum 1 h.) _____

Technical equipment used _____ *

In charge of filming _____

Number of troupe members _____

Date _____

Signature _____

* A list is attached

GALLERIA DELL'ACCADEMIA DI FIRENZE

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