

## Project Photography and Videography Release Form

Date: \_\_\_\_\_ Submitted by County Prestress, LLC Representative: \_\_\_\_\_

County Prestress, LLC and/or our advertising agencies will be producing marketing pieces that focus on products we manufacture or distribute. Some of these products and/or materials went into the building of your facility or project.

The undersigned person authorizes County Prestress, LLC, their employees, or their advertising agencies, to take photographs/video for use in advertising and marketing collateral, television spots and videos, websites, CD-ROMs, or other forms of print and electronic media.

**Please note:** Your name, or the name of your company, may be used to identify photographs and/or video. Photography shall not interrupt the normal business practices at your facility. We will contact you when we will be photographing/videotaping your building, and/or project.

**Project Name:** \_\_\_\_\_

Project Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direction building or project faces?  North,  South,  East or  West - Best time of day to photograph \_\_\_\_\_

Project Category:  Commercial,  Education, Healthcare & Public,  Industrial,  Municipal,  Residential,  Transportation

Name of owner or primary contact authorizing photography: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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**Products Featured** (indicate quantity, name, sizes when applicable):

\_\_\_\_\_  
\_\_\_\_\_

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**Designer/Architect/Company:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Contractor/Installer/Company:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Engineer:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please review/complete the consent form, then sign, date and return to the Marketing Department**

**205 North Street - P.O Box 100 - Marathon, WI 54448-0100**

**Telephone (715)-870-4740 - marketing@countyprestress.com**

Thank you - your assistance is greatly appreciated.