



**PHOTOGRAPHY AUTHORIZATION REQUEST FORM**

**Please note, most professional photography requests are limited to approved, editorial media**

Once complete, please email to [ntraynor@ellmanco.com](mailto:ntraynor@ellmanco.com)  
or fax to 602.840.8101, attention Nicole Traynor

Requestor Contact Information:	Date of Request: _____
Name: _____	
Address: _____	
Direct Phone: _____	
Cell Phone: _____	
Organization or Business: _____	
Type of Media:	
Still Photography ___ Video ___ Live Broadcast ___	
Area on property _____	
Final product will be used for:	
Personal Use ___ Commercial Use ___ Other _____	
Request is for:	
_____ Date _____ Time	

For Westgate City Center Internal Use:
___ Request Granted ___ Request Denied Date: _____
Authorized By: _____
Department:
___ PR Department ___ Westgate S & E ___ Property Management