



Resurgens Plaza

PHOTOGRAPH / FILM APPROVAL REQUEST

PROPERTY OWNER: LSREF2 Razor (Atlanta), LLC

Transwestern Commercial Services of GA

PHOTO/FILM INFORMATION:

Name/Organization: _____

Date of photo/film shoot: _____

Name of photographer/producer: _____

Address of photographer/producer: _____

Client Name: _____

Client Address: _____

I would like to take photos/video of RESURGENS PLAZA. By signing below, I acknowledge that photographs/film taken of the facility will not be used for sale or in any publication, periodical or on the web, without prior written consent of Management. My reason for taking the photos is as follows:

Signature of Requester: _____

Phone Number: _____

Management Approval: _____

Title: _____ Date: _____
