

ONCE THIS FORM IS COMPLETED, PLEASE EMAIL / FAX COPIES TO

FilmL.A., Inc. (213) 977-8600 / After hours: (PRESS 2)

Email:

info@filmla.com

Office Hours: Monday - Friday, 8 a.m. - 6 p.m.

BEFORE: / / 20_

A motion picture / video company has requested permission to film in your neighborhood. The Production Company has applied for the necessary permits and maintains all legally required liability insurance. City personnel necessary to ensure public safety will be on-location.

DISTRIBUTED ON: / / 20	. a.iii.	PERMIT APPLICATIO)N #
Dear Resident / Business Owner,	p.m.		
	io planning to film (occupa of	
(production company)		nes of(project title)	
FILMING ADDRESS / LOCATION:			
THIS PROJECT WILL INVOLVE: EXTENDED HOURS	☐ PARKING ☐ RO	AD CLOSURES	
TEMPORARY "NO PARKING" SIGNS REQUIRED FOR:	:		
PARKING DETAILS:			
PROPOSED DATE(S):		PROPOSED EXTENDED HOURS:	
THE CULVER CITY APPROVED FILMING HOURS ARE: WEEKDAYS	:00 AM - 10:00 PM :00 AM - 10:00 PM ION TO FILM R NEIGHBORHOOD.	PRODUCTION REPRESENTATIVE:	CELL PHONE #:
PLEASE CONFIRM WITH YOUR INITIALS: I HAVE NO OBJECTIONS TO THE PARKING O I HAVE NO OBJECTIONS REGARDING THE EXAMPLE A CONCERN REGARDING: (Your contact information helps Filml.A. ensure the accuracy PRINT NAME: ADDRESS: PHONE: E-MAI SIGNATURE:	XTENDED FILMING H of survey responses.)	OURS.	