CITY OF FULLERTON FILMING SURVEY

This survey is distributed at the request of FilmL.A. — the office that coordinates on-location filming in the City of Fullerton. **Please note** — this survey is **not** a **request for permission to film**. It is purely an information gathering tool, which FilmL.A. will use to ensure that productions are mindful of communities.



 $\label{eq:FilmL.A., Inc.} \mbox{ FilmL.A., Inc.} \mbox{ (213) 977-8600 / After hours: ($PRESS 2$)}$

Email: info@filmla.com

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

BEFORE:

/ / 20

DISTRIBUTED ON: / / 20 : □ a.m. □ p.m.	PERMIT APPLICATION #
Dear Resident / Business Owner,	
is planning to	film scenes of
(production company)	(project title)
at the following address:	
PROPOSED DATE(S):	PROPOSED HOURS:
DESCRIPTION OF SCENES & PARKING DETAILS:	
that extend the permitted hours before and/or after these times or that require filming days may require the production company to survey the surrounding community. This company has applied for the necessary permit and maintains all legally-required will be on-location. This company agrees to abide by all City filming rules and any specific production.	7:00 a.m. and 10:00 p.m., Monday - Friday. Activities that are extraordinary in nature, g on weekends or when a production is at one location for more than five consecutive liability insurance. If a permit is granted, all personnel required to ensure public safety ecific guidelines applicable to your neighborhood. This company will make every effort for your cooperation and hospitality while this filming takes place in your neighborhood.
Questions? Concerns?	uction Representative:
You may contact the production company at the numbers provided: Prod	Cell Phone #
1100	Cell Phone #
PLEASE INITIAL THE STATEMENT THAT MOST CLOSELY DESCRIBES I HAVE NO CONCERNS REGARDING THE PROPOSED FILMING I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THE	
(Your contact information helps FilmL.A. ensure the accuracy of survey responses.)	In multiple-unit buildings, managers may sign on behalf of tenants as follows:
Print Name:	Total number of units in building:
Address:	Addresses signed for:
Phone: E-Mail:	I, as property manager of the above building, take responsibility for communicating tenant concerns to FilmL.A., Inc.

ONCE THIS FORM IS COMPLETED, PLEASE LEAVE TO BE COLLECTED **OR** EMAIL / FAX A COPY TO