## FilmLA

(213) 977-8600 / After hours: (PRESS 2)

Email:

info@filmla.com

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

□ a.m.

**CITY OF DIAMOND BAR FILMING SURVEY** 

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

<b>DISTRIBUTED ON:</b> / / 20 :   a.r.	PERMIT APPLICATION #
Dear Resident / Business Owner,  is planning to film scenes of	
at the following address:	
PROPOSED DATE(S):	PROPOSED HOURS:
DESCRIPTION OF SCENES & PARKING DETAILS:	
On-location filming is generally permissible in residential areas between the hou of 7:00 a.m. and 10:00 p.m., Monday - Friday. Activities that are extraordinary in nature, that extend the permitted hours before and/or after these times or the require filming on weekends or when a production is at one location for more than five consecutive days may require the production company to survey the surrounding community.	required liability insurance. If a permit is granted, all personnel required to that ensure public safety will be on-location. This company agrees to abide by all City filming rules and any specific guidelines applicable to your neighborhood.
Questions? Concerns?	Production Representative:
You may contact the production company at the numbers provided:	Production Representative:
	Cell Phone #
PLEASE INITIAL THE STATEMENT THAT MOST CLOSELY DESCRIBE  I HAVE NO CONCERNS REGARDING THE PROPOSED FILM  I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND  (Your contact information helps FilmLA ensure the accuracy of survey responses.)  Print Name:  Address:	ID THEY ARE (PLEASE SPECIFY):  In multiple-unit buildings, managers may sign on behalf of tenants as follow  Total number of units in building:  Addresses signed for:
Phone: E-Mail:	I, as property manager of the above building, take responsibility for communicating tenant concerns to FilmLA.  Manager Address:
	Manager Signature:
ONCE THIS FORM IS COMPLETED, PLEASE LEAVE TO BE COLLECTED OR	R EMAIL / FAX A COPYTOBEFORE: / / 20