

# CITY OF MONROVIA FILMING SURVEY



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

Email:  
info@filmla.com

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

This survey is distributed at the request of FilmLA — the office that coordinates on-location filming in the City of Monrovia. **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.

**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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On-location filming is generally permissible in residential areas between the hours 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 that 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.

This company has applied for the necessary permit and maintains all legally-required liability insurance. If a permit is granted, all personnel required to 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. This company will make every effort while in your community to respect and maintain public safety. Thank you in advance for your cooperation and hospitality while this filming takes place in your neighborhood.

## Questions? Concerns?

Production Representative: \_\_\_\_\_  
Cell Phone # \_\_\_\_\_

**You may contact the production company at the numbers provided:** Production Representative: \_\_\_\_\_  
Cell Phone # \_\_\_\_\_

**PLEASE INITIAL THE STATEMENT THAT MOST CLOSELY DESCRIBES YOUR VIEW OF THE PROPOSED FILMING:**

I HAVE NO CONCERNS REGARDING THE PROPOSED FILMING.

I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE (PLEASE SPECIFY): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**In multiple-unit buildings, managers may sign on behalf of tenants as follows:**

Total number of units in building: \_\_\_\_\_

Addresses signed for: \_\_\_\_\_  
\_\_\_\_\_

*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 EMAIL / FAX A COPY TO \_\_\_\_\_ BEFORE: / / 20\_\_**