



REFUND VERIFICATION FORM

Effective: 04/26/19

Please complete the following information and return this form to FilmLA within **30 days of receiving this form**. You will then receive your refund within 30 days of submitting this completed form.

Permit / Rider Number: _____

Production Company: _____

Production Title: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

NOTE: Refund request covers one permit and its associated riders.

.....Where should we mail the refund, if different from above?.....

Address: _____

City, State, Zip: _____

Phone Number: _____

Your Title: _____

E-mail: _____

Print Name: _____

Signature: _____ Date: _____

Signer's name must appear on permit

Please note, under General Terms and Conditions of your permit, any and all refunds not claimed **within 30 days of form submission** will be used to support FilmLA's 501(c)(4) public benefit purpose, including but not limited to areas such as enhancing the film permitting process, marketing and promoting filming in the Greater Los Angeles region, student film projects, research and education about filming, and any other uses that promote film production.



USE ONLY

(DO NOT WRITE IN THIS AREA)

Refund approved by: _____

Amount to be refunded: _____ Date: _____

COMPLETED FORMS MAY BE MAILED OR FAXED TO THE INFORMATION BELOW
OR EMAILED TO **REFUNDS@FILMLA.COM**