

CITY OF NEWPORT BEACH FILMING SURVEY



FilmSoCal, Inc.
(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 FilmSoCal — the office that coordinates on-location filming in the City of Newport Beach.
Please note — this survey is **not a request for permission to film.** It is purely an information gathering tool, which FilmSoCal 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 FilmSoCal 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 FilmSoCal, Inc.

Manager Address: _____

Manager Signature: _____

ONCE THIS FORM IS COMPLETED, PLEASE LEAVE TO BE COLLECTED OR EMAIL / FAX A COPY TO _____ BEFORE: / / 20__