



Film Location Request Form

Please fill in as much information as possible so we may better understand your request.
Please fax completed form "**Attention: Igal**" at **(323) 655-4500** or e-mail to **filming@rpmla.com**.

Production Company: _____

Producer: _____ Director: _____

Main Project Contact: _____ Alternate Contact: _____

Office Phone: _____ Cell Phone: _____

Fax Number: _____ E-mail address: _____

Production Title: _____

Production Type: _____ Project Timeframe: _____ to _____
(Month/Day/Year) (Month/Day/Year)

Type of Location: _____

Location Address: _____

Prep Days/Times: _____

Shoot Days/Times: _____

Number of Crew: _____ Cast: _____ Extras: _____ Total: _____

Number of Vehicles / Equipment: _____

Number of Large Trucks: _____ Other Trucks: _____ Vans: _____ Trailers: _____

Signature: _____ Date: _____

- A **certificate of liability insurance** with the building entity name as an "Additional Insured" is required.