



## 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.