Dear Resident,

Address

We are planning to film scenes of a		at	at		
(project title)		(filming address)			
noned data(a);	Hours: from	am	to:	an	
posed date(s):	Hours. Hom	pm	to:	pn	
cription of scene(s)					
have applied for the necessary permit and mainta sonnel required to ensure public safety will be on cific guidelines applicable to your neighborhood.					
will make every effort not to disturb you and will r cified time. Thank you, in advance, for your coop					
If you have any questions or concerns	You may also contact: City of Albuquave any guestions or concerns				
regarding this request, please contact us at	Cyndy McCros	ssen- Film Liai	son		
the production office or by cell phone. Please don't hesitate to call.	505-313-9597				
	Rebecca Cava	alier- Film Coo	rdinator		
Production company	505-288-0544				
	Santana Garci	a - Film Permi	t Assistant		
Production office phone number	505-221-9748				
Location Manager					
I HAVE NO CONCERNS re	egarding the proposed a	activities.			
I HAVE NO CONCERNS b	ut prefer not to sign my	name			
I HAVE NO CONCERNS.	By checking this box ar	nd signing belo	w, I give perm	ission	
for this, and future producti	ons, to notify me of film		• .		
from this household, for the	12 Months				
I					
I OBJECT TO THIS FILMIN	NG				
MY CONCERNS regarding the proposed	d filming activities are:				
Signature					
- 					
Print name					
i interiorite					