## Dear Resident,

We are planning to	o film scenes of		at			
(project title)			(filming a	(filming address)		
			am			
oosed date(s):		Hours: from	pm	to:	pr	
cription of scene(s)						
sonnel required to en	necessary permit and maint sure public safety will be on cable to your neighborhood.					
_	rt not to disturb you and will ou, in advance, for your coop		-			
	If you have any questions or concerns		You may als	so contact:		
regarding this request, please contact us at the production office or by cell phone. Please don't hesitate to call.			City of Albu	querque Film O	ffice	
			•	a, room 11110	mog	
				e, NM 87102		
Production company			Ann Lerner	- Film Liaison		
			505-401-87	` '		
Production office phone number			Carrie Wells 505-331-83	s- Asst. Film Lia	ison	
	I HAVE NO CONCERNS to I HAVE NO CONCERNS. for this, and future product from this household, for the 6 Months	out prefer not to sign m  By checking this box ions, to notify me of fil	ny name and signing belov			
	I OBJECT TO THIS FILMI	NG				
MY CONCE	RNS regarding the propose	d filming activities are:				
Signature						
Signature						
Signature  Print name						