

**Dear Resident,**

We are planning to film scenes of \_\_\_\_\_ at \_\_\_\_\_  
*(project title)* *(filming address)*

Proposed date(s): \_\_\_\_\_ Hours: from \_\_\_\_\_ am \_\_\_\_\_ pm to: \_\_\_\_\_ am \_\_\_\_\_ pm

Description of scene(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have applied for the necessary permit and maintain all legally required liability insurance. If a permit is granted, all personnel required to ensure public safety will be on location. We agree to abide by all City filming rules and any specific guidelines applicable to your neighborhood.

We will make every effort not to disturb you and will not arrive earlier or vacate the neighborhood later than the specified time. Thank you, in advance, for your cooperation and hospitality while we are filming in your neighborhood.

If you have any questions or concerns regarding this request, please contact us at the production office or by cell phone. Please don't hesitate to call.

You may also contact:

City of Albuquerque Film Office  
1 Civic Plaza, Room 11110  
Albuquerque, NM 87102

\_\_\_\_\_  
*Production company*

\_\_\_\_\_  
*Production office phone number*

\_\_\_\_\_  
*Location Manager*

Rebecca Cavalier - Film Coordinator  
505-768-3289

Santana Garcia - Film Permit Assistant  
505-768-3283

<input type="checkbox"/>	I HAVE NO CONCERNS regarding the proposed activities.
<input type="checkbox"/>	I HAVE NO CONCERNS but prefer not to sign my name
<input type="checkbox"/>	I HAVE NO CONCERNS. By checking this box and signing below, I give permission for this, and future productions, to notify me of filming, without obtaining a signature from this household, for the next : <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months
<input type="checkbox"/>	I OBJECT TO THIS FILMING
MY CONCERNS regarding the proposed filming activities are: _____ _____ _____ _____	

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Address*