CITY OF RICHMOND

NEIGHBORHOOD SURVEY FOR FILM PERMIT

Your neighbors/business_____
residing at _____
are planning to film in the area on (date)_____from
(time)_____ to _____.

Please add your signature, address and phone number below to indicate that you've been informed of this event and support the filming.

Number of residents/businesses affected: _____

Neighborhood Council: _____

Neighborhood Council President's Signature: _____**Date:**_____

Print Name	Signature	Address	Phone