



RIVERSIDE COUNTY  
*Regional Park and Open-Space District*



FILM SHOOT FEEDBACK FORM

This survey must be submitted to the RivCo Parks film permit coordinator within 7 days of the film shoot. This survey should be filled-out to the best of the site supervisor's knowledge and should be accompanied by any supporting documentation.

Please respond to all questions below as thoroughly as possible. If the information does not apply to the specific activity, please indicate not applicable (N/A).

DATE(S) OF FILM SHOOT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

INTENDED STARTING TIME: \_\_\_\_\_ INTENDED ENDING TIME: \_\_\_\_\_

ACTUAL STARTING TIME: \_\_\_\_\_ ACTUAL ENDING TIME: \_\_\_\_\_

NAME OF PHOTOGRAPHER OR PRODUCTION CO.: \_\_\_\_\_

# OF CREW: \_\_\_\_\_ # OF VEHICLES \_\_\_\_\_

WAS ADDITIONAL STAFF NEEDED TO MONITOR? INDICATE TITLE(S) AND ACTUAL # OF HOURS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC AREA INTENDED FOR ACTIVITY: \_\_\_\_\_

\_\_\_\_\_

WERE ANY AREAS RESTRICTED? \_\_\_\_\_

\_\_\_\_\_

DID THE CREW ADHERE TO ALL RULES AND RESTRICTIONS? IF NO, EXPLAIN:      YES                  NO

\_\_\_\_\_  
\_\_\_\_\_

