



**CLAIM INQUIRY FORM –TELEVISION  
PRINCIPAL PERFORMERS – LOS ANGELES**

SAG-AFTRA – Los Angeles  
5757 Wilshire Blvd, Los Angeles, CA 90036  
Television Department Phone: 323-549-6835 Fax: 323-634-8177  
<http://www.sagaftra.org>

<b>INTAKE BY:</b>	Date of:	Call	Letter	Visit
<b>Classification:</b> Principal Actor    Stunt Performer    Singer    Dancer Voice-Over    Other (Specify: _____) Under 5    Warm-Up Performer    Specialty Acts	<b>Production Type:</b>  Television Trailer/Promo			
<b>Engagement:</b>	Daily	3-Day	Weekly	

<b>PERFORMER:</b>	Agent/Contact #:
Address:	
Home Phone:	Cell:
Email:	
Social Security #:	Member #:

<b>PRODUCTION TITLE:</b>	Production Company:
	Payroll Co:
Title:	Episode #:
Session/Employment Date:	Casting Director, Producer, etc.:

Previous contact made in connection with claim? By whom? With whom? Please describe.

**DESCRIPTION OF CLAIM:** (If upgrade, please accurately describe what you're wearing and the scene you appear in)