



**CLAIM INQUIRY FORM – THEATRICAL/TELEVISION/NEW MEDIA
PRINCIPAL PERFORMERS – HOLLYWOOD**

SAG-AFTRA – Hollywood
 5757 Wilshire Blvd, Los Angeles, CA 90036
 Theatrical Department Phone: 323-549-6828 Fax: 323-549-6886
 Television Department Phone: 323-549-6835 Fax: 323-549-6874
 New Media Department Phone: 323-549-6446 Fax: 323-549-6500
<http://www.sagaftra.org>

INTAKE BY:				Date of (Circle One) Call / Letter / Visit:	
Classification: Principal Actor Stunt Performer Singer Dancer Voice-Over Other (Specify: _____)				Production Type: Theatrical Television Trailer/Promo New Media	
Engagement: Daily 3-Day Weekly					

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

SIGNATORY:		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)

FOR OFFICE USE ONLY:	
Claim #: _____ Oracle #: _____ Issue: _____	
Assigned to:	
Signatory Number:	Production Number:
Signatory Contact:	Production Contact:
Signatory Phone Number:	Production Phone Number:
Signatory Email/Fax#:	Production Email/Fax#:
Signatory Address:	Production Address: