



CLAIM INQUIRY FORM – MUSIC
 SAG-AFTRA – Hollywood
 5757 Wilshire Blvd, Los Angeles, CA 90036
 Music Department
 Phone: 323-549-6864 | Fax: 323-634-8147
<http://www.sagaftra.org>
 Music@sagaftra.org

INTAKE BY:	Date of (Circle One) Call / Letter / Visit:
Classification: <input type="checkbox"/> Principal Actor <input type="checkbox"/> Stunt Performer <input type="checkbox"/> Singer <input type="checkbox"/> Dancer <input type="checkbox"/> Background <input type="checkbox"/> Other (Specify: _____)	Production Type: <input type="checkbox"/> Television <input type="checkbox"/> Theatrical <input type="checkbox"/> New Media <input type="checkbox"/> Trailer/Promo <input type="checkbox"/> Music Video
Engagement: <input type="checkbox"/> Daily <input type="checkbox"/> 3-Day <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly	Minor: <input type="checkbox"/> Parent/Guardian: _____

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

SIGNATORY:	Production Company:
Production Title:	Payroll Co:
Episode/Song 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)

I declare under penalty or perjury under the laws of the state of California that the foregoing is true and correct.

X _____

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: