



CLAIM INQUIRY FORM
 1900 Broadway, 5th Floor, New York, NY 10023
 PHONE: 212-944-1030
 FAX: 212-944-6774
 http://www.sagaftra.org

INTAKE BY:	Date of (Circle One) Call / Letter / Visit / Email:
<u>Classification:</u> Principal <input checked="" type="checkbox"/> Stunt Performer Singer <input type="checkbox"/> Dancer Voice Over <input checked="" type="checkbox"/> Background Extra (commercial) Other (Specify: _____)	<u>Production Type:</u> Commercial Industrial Television Promo PSA Infomercial Theatrical Music Video Interactive
<u>Engagement:</u> Daily 3-Day Weekly <u>Salary:</u> \$	Minor: Yes No Parent/Guardian: _____

PERFORMER:	Social Security #:
Address:	Member #:
	E-mail:
Home Phone:	Agency/Agent:
Cell Phone:	Agent Contact #:

SIGNATORY:	Production Company:
Product:	Payroll Co:
Title:	Commercial ID/Ad-ID:
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 New York that the foregoing is true and correct.

X _____

FOR OFFICE USE ONLY:		
Assigned to:		
Claim #:	Oracle #:	Issue:
Signatory Number:		Production Number:
Signatory Contact:		Production Contact:
Signatory Phone Number:		Production Phone Number:
Signatory E-mail/Fax #:		Production E-mail/Fax #:
Signatory Address:		Production Address: