

LOCATION INFORMATION SHEET

SHOW _____ PRODUCTION # _____
 LOCATION MANAGER _____ (SCRIPTED) LOCATION _____
 PERMIT SERVICE _____
 CONTACT _____ DATE(S) _____
 PHONE # _____ INT. EXT. DAY NIGHT

ACTUAL LOCATION
 (Address & Phone #)

CONTACTS

| DATE & DAYS | # of days | dates |
|---------------|-----------|-------|
| Prep: _____ | | |
| Shoot: _____ | | |
| Strike: _____ | | |

Owner(s) Name(s) _____
 Address _____
 Phone/FAX # _____
 Beeper # _____

Representative(s)

Company: _____
 Contact: _____
 Address: _____
 Phone/FAX # _____
 Beeper # _____

LOCATION OF NEAREST EMERGENCY
 MEDICAL FACILITY

LOCATION SITE RENTAL FEE

| | |
|---|--|
| Full Amount \$ _____ | O.T. after _____ hrs. per day @ \$ _____ per hr. |
| Amount for PREP days \$ _____ | Additional days @ \$ _____ per day |
| Amount for SHOOT days \$ _____ | Additional charges: Phone \$ _____ |
| Amount for STRIKE days \$ _____ | Utilities \$ _____ |
| Deposit \$ _____ Due on _____ | Parking \$ _____ |
| <input type="checkbox"/> Refundable <input type="checkbox"/> Apply to total fee | (Other) _____ \$ _____ |
| Balance \$ _____ Due on _____ | |

CHECKLIST

- | | | |
|--|--|--|
| <input type="checkbox"/> Location Agreement <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Permit <input type="checkbox"/> Fire Safety Officer(s) <input type="checkbox"/> Police <input type="checkbox"/> Location Fee <input type="checkbox"/> Security <input type="checkbox"/> Intermittent Traffic Control <input type="checkbox"/> Post for Parking <input type="checkbox"/> Signed Release from Neighbors <input type="checkbox"/> Prepared Map to Location | <input type="checkbox"/> Heaters/Fans/Air Conditioners <input type="checkbox"/> Lay-out Board/Drop Cloths <input type="checkbox"/> Utilities/Power Supply <u>Allocated Areas For</u> <input type="checkbox"/> Extras <input type="checkbox"/> Dressing Rms. <input type="checkbox"/> Eating <input type="checkbox"/> Hair/Makeup <input type="checkbox"/> School <input type="checkbox"/> Equipment <input type="checkbox"/> Special Equipment <input type="checkbox"/> Animals | <u>Allocated Parking For</u> <input type="checkbox"/> Equipment <input type="checkbox"/> Honeywagons <input type="checkbox"/> Motor Homes <input type="checkbox"/> Catering Truck <input type="checkbox"/> Cast Vehicles <input type="checkbox"/> Crew Vehicles <input type="checkbox"/> Buses <input type="checkbox"/> Picture Vehicles <input type="checkbox"/> Extra Tables & Chairs/Tent <input type="checkbox"/> Locate Parking Lot if Shuttle is Necessary |
|--|--|--|