



7199 Spring view lane, Dublin-Ohio 43016, USA
 Tel: 614-783-6614; Fax: 508-546-1050

LOCATION INFORMATION SHEET

FILM NAME _____ PRODUCTION # _____

LOCATION MANAGER NAME _____

ESTIMATED BUDGET IN PLAN _____

DATES NEEDED FOR SHOOTING _____

NUMBER OF PEOPLE IN TEAM _____

CONTACT _____ DATES _____

PHONE _____ CELL PHONE _____

ACTUAL LOCATION INTERESTED
 (Address & Phone)

DATE AND DAYS

	#OF DAYS	DATES
Prep: _____	_____	_____
Shoot: _____	_____	_____
Strike: _____	_____	_____

ADDITIONAL ASSIGNMENT ASSISTANCE (Yes/No)

1. Accounting/Insurance/Law _____
2. Catering and food _____
3. Equipment and Crew _____
4. Paramedics, Doctors & EMT _____
5. Post Productions Production Companies _____
6. Special Effects Department - SPFX & VFX _____
7. Travel and Transportation _____
8. Visas and Security Clearance _____



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LOCATION RELEASE AGREEMENT

This AGREEMENT (hereinafter referred to as the "Agreement") is made effective this ____ day of _____, 200__ by and between _____, located at _____ (hereinafter referred to as the "Grantor") and _____, located at _____ (hereinafter referred to as the "Production Company").

WITNESSE:

In consideration of the respective covenants contained herein, the parties hereto, intending to legally bound hereby, agree as follows:

1. IDENTIFY OF FILMING LOCATION. Grantor hereby agrees to permit Production Company to pursue use of the property located at _____ (≥the Property≤) in connection with the motion picture currently entitled _____ (the ≥Picture≤) for rehearsing, photographing, filming and recording scenes and sounds for the Picture. Production Company and its licensees, sponsors, assigns and successors may exhibit, advertise, promote and otherwise exploit the Picture or any portion thereof, whether or not such uses contain audio and/or visual reproduction of the Property and whether or not the Property is identified or identifiable, in any and all media whatsoever now known or later devised in the universe in perpetuity

FAX A COPY, CALL OR SEND US AN EMAIL

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