LOCATIONS CHECKLIST

Date _____

Production Company	Producti on Title	Location Manager
Producer	Director	Prod. Manager/Asst. Director

Location	Contact Tel & Fax No.	All Dates Required	Release Form Issued	Release Form Returned	Schedule A Issued	Police Informed	Movement Order	Nearest Hospital Casualty	Meter Readings	Elec. Source	Rooms & Green Room	Parking