

For Official Use Only
Do not write in this Box

Approved _____

Denied _____



Location Scout Contact Information Form

All Locations must be accompanied pictures and address. Please do not send any original /only copy, as no works will be returned. If the location is approved for production use Cinema LallouZ will contact the representative listed on the Contact Information Form..

Section 1

First Name

Last Name

Middle Initial

Address

City

State

Zip Code

Phone

Mobile

Fax

Email

Are you the owner of the location? Yes _____ No _____

Number of pictures submitted _____

Section 2

If you are the owner of the location skip to Section 3 of this form

Owners First Name

Last Name

Middle Name

Address

City

State

Zip Code

Phone

Mobile

Fax

Section 3

Mail to:

Cinema LallouZ
Location Review Dept.
P.O. Box 460940
Ft. Lauderdale, FL 33346

Section 4

Print Name

Signature

Date

Cinema LallouZ provides equal opportunity to all applicants without regard to race, color, religion, age, ancestry, gender, sexual orientation, natural origin, physical or mental disability, veteran status, marital status or any characteristic protected by applicable law. All payments made to Cinema LallouZ are non-refundable. There will be a \$35.00 fee for returned checks. Cinema LallouZ does not guarantee the use of any works submitted. All applicants will be informed as to the status of their submission.