



CONTACT INFORMATION

Full Name: _____

Phone _____ Email _____

PROPERTY INFORMATION

Location Address: _____
Street City, State County Zip Code

Type of Location (business, house, apt, etc.):

What types of productions would you consider?

- FILMS
- COMMERCIALS
- STUDENT PROJECTS
- WEB SERIES
- OTHER

Square Footage: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

Waterfront? YES NO

Is there a HOA? YES NO

Location Fee: \$ _____

Description of Property:

Unique Features and Filmmaking Appeal:

Has this property been used for filmmaking before? _____

Onsite Amenities: _____

Describe Available Parking: _____

How would you like to be contacted? Direct Inquiry Film Office

*Please complete this form and return it to info@filmorlando.com, with **high-resolution photos** depicting the interior and exterior of your location.*