

## 1. Location / Property Details

Name of Locations / Property: \_\_\_\_\_  
Main contact / property owner: \_\_\_\_\_  
Other nominated person: \_\_\_\_\_  
Company name (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Area of City: \_\_\_\_\_ Distance from city: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

## 2. Description

Please provide a brief description of the property indicating the number of rooms, etc.

## 3. Dates and Period

Please indicate when the property was built or later modified?

Before 1200	<input type="checkbox"/>	1800 - 1850	<input type="checkbox"/>	1950 - 1900	<input type="checkbox"/>
1300 - 1400	<input type="checkbox"/>	1850 - 1900	<input type="checkbox"/>	1960 - 1970	<input type="checkbox"/>
1400 - 1500	<input type="checkbox"/>	1900 - 1920	<input type="checkbox"/>	1970 - 1980	<input type="checkbox"/>
1500 - 1600	<input type="checkbox"/>	1920 - 1930	<input type="checkbox"/>	1980 - 1990	<input type="checkbox"/>
1600 - 1700	<input type="checkbox"/>	1930 - 1940	<input type="checkbox"/>	1900 - 2000	<input type="checkbox"/>
1700 - 1800	<input type="checkbox"/>	1940 - 1950	<input type="checkbox"/>	2000 - present	<input type="checkbox"/>

## 4. Architectural Style

Please include details of all architectural styles included in your property, (e.g. Victorian, Art Deco)

## 5. External Features

Does the location / property hold any unique external features? e.g bridges, cobbles, circular driveways, dovecosts, water fountains, garden, turrets, stained glass windows etc.

## 6. Internal Features

Does the location / property hold any unique internal features? e.g cellar, columns, escalators, spiral staircases, wood panelling, open plan, ornate ceiling etc.

## 7. Access Times where applicable

Please indicate below; when access to the property / location can be provided.

Days	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Night	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Business Hours	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Weekends	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Bank Holidays	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

## 8. Site Access

Please provide details of any access restrictions, e.g. height or width restrictions, shared roads, parking etc.

## 9. Storage

Please give details of any spaces on or close to the location that could be made available for storage

## 10. Restrictions

Please give details of any restrictions you consider relevant e.g. high local noise levels.

## 11. Filming History where applicable

Please name any projects that have used your location (if applicable) with approximate dates and type of production (i.e. feature film, documentary), and production company name.

Project Details  
Production Co:

Project Details  
Production Co:

## 12. Photographs

We require both the interiors and exteriors of the property to help the film-maker in deciding about the location.

**If you are providing your own photos please include details of when the photographs were taken and make sure the photos are clearly named.** (We can accept both email attachments and / or hard copies.)

If you would like to arrange for Glasgow Film Office to take photographs of your property please tick here

## 13. Additional Comments

Please feel free to add any additional comments overleaf.

## 14. How did you hear about us?

Press  Word of mouth:  Event / Festival:   
Advertisement  Website:  Other: \_\_\_\_\_

### Declaration and Data Protection Act 1998

Please read carefully and tick the boxes to show that you have understood and accept the following. Failure to accept points 1-4 and sign this declaration means that we will not be able to register your location on our database, and if you don't accept point 5 we will not be able to offer you opportunities to feature in our marketing & promotional material, or inform you about GFO events or services.

1.) I, the undersigned, being the properly authorised representative for the location(s) as named on this form, declare that all the information provided is, to the best of my knowledge, true.

2.) I give permission for all the information I have provided (including all associated photographic material, more specifically defined as film negatives, film positives, film prints, digital images or recording of an electronic nature) to be held on a computerised database maintained in accordance with the Data Protection Act 1998, and consent to all such information being disclosed to persons requesting details of locations from Glasgow Film Office, by mail, electronic mail and via the Glasgow Film Office on-line location library.

3.) I understand that Glasgow Film Office will make every endeavour to ensure the accuracy of the information contained on the database and will take all reasonable steps to verify the bona fides of persons requesting from the database.

4.) I understand that Glasgow Film Office will not have any liability to the location owners for any loss, damages, costs or expenses which the location owner suffers or incurs as a result of providing the above information or as a result of any arrangements the location owner may make with third parties introduced through Glasgow Film Office for the use of their property as a location.

If you consent to this please tick the box:

Also:

(5) In accordance with the requirements of the Data Protection Act 1998, Glasgow Film Office needs to obtain your consent to contact you by phone, fax, email or letter about events, activities, publications and our other services that may be of interest to you.

If you consent to this please tick the box

You have the right to access your records held by Glasgow Film Office. If you wish to have access to them please write, stating the location name and address to:  
Glasgow Film Office, City Chambers, Glasgow. G2 1DU

For the purposes of the Electronic Communications Act 2000, the signatory to this Agreement on behalf of the Applicant certifies that an electronic signature of typed signature is a valid means of establishing the authenticity of all data & communications contained in this Agreement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name in Block Capitals: \_\_\_\_\_

*\* Please return the completed form to GFO at the contact details listed on page 1*

For office use only:

INT:   
EXT:

Uploaded: \_\_\_\_\_





