

**WARNER BROS. STUDIO FACILITIES
HOT LOCK STAGE REQUEST**

PAGES: _____
of _____

DATE: REVISED DATE: STAGE(S)

Production Company: _____ START DATE

Show Name: _____ Office #: _____

UPM: CELL: HOME: RELEASE DATE

PERSONS AUTHORIZED TO OPEN STAGE (Alphabetize by Last Name):

NAME	TITLE	CELL	HOME

AFTER HOURS EMERGENCY CONTACT: *** REQUIRED ***

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AUTHORIZED SIGNATURE _____

PRINT NAME _____ TITLE _____

Email completed form to your Operations Manager

OPS SIGNATURE _____

