

Warner/Chappell Music, Inc.
SYNCHRONIZATION REQUEST FORM
(PLEASE COMPLETELY FILL OUT THIS FORM AND SUBMIT OR FAX BACK TO 310-470-6399)

Date:

Song Title	
Song Writer(s)	
Publisher(s)	
Licensee	
Production Name	
Total Budget / Music Budget	
Media	
Description of Use/Scene	A brief synopsis of the entire project: A description of the particular scene with the music (script pages):
Recording/Master	
Duration of Music	
Term	
Territory	
Release / Air Date	
Options	
Fee (based on 100% of publishing)	

PLEASE ATTACH SYNOPSIS OF ENTIRE FILM/PROJECT

CONTACT INFORMATION

Name:

Fax: () - **E-Mail:**

Address:
