



Hogan  
Media &  
Music, Inc.

## ***SYNC REQUEST FORM***

### ***REQUESTER/LICENSEE INFORMATION***

*Your Name:* \_\_\_\_\_ *Date of Request:* \_\_\_\_\_

*Phone #:* \_\_\_\_\_ *Fax #:* \_\_\_\_\_

*E-mail:* \_\_\_\_\_

*Mailing address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

### ***INFORMATION ABOUT THE SONG YOU WISH TO USE***

*Title(s):* \_\_\_\_\_

*Writer(s):* \_\_\_\_\_

*Publisher(s):* \_\_\_\_\_

*Master / Re-record / Cover artist (please indicate)* \_\_\_\_\_

### ***TYPE OF REQUEST***

*Production Title* \_\_\_\_\_

*Brief Synopsis (please attach if necessary)* \_\_\_\_\_

*Type of Use:* \_\_\_\_\_ *Number of Uses:* \_\_\_\_\_

*Territory:* \_\_\_\_\_ *Term:* \_\_\_\_\_ *Media:* \_\_\_\_\_

*Scene Description:* \_\_\_\_\_

*Genre:* \_\_\_\_\_ *Budget:* \_\_\_\_\_ *Producer:* \_\_\_\_\_

*Writer:* \_\_\_\_\_ *Director:* \_\_\_\_\_ *Release Date:* \_\_\_\_\_

**Feel free to attach a synopsis and any additional information to this request.**

**Please complete and fax to (925) 676-8195 or scan and email request to:**

**[shelly@hoganmedia.net](mailto:shelly@hoganmedia.net)**

***After receipt of this information, we will follow up with you if we have any questions.***

930 Detroit Avenue ♦ Ste. F ♦ Concord, CA 94518

925-685-9535 Phone ♦ 925-676-8195 Fax