



APPRAISAL REQUEST FORM

Report Information

Date: _____

Ordered By: _____

Company: _____

Address: _____

Office Phone: _____ Cell: _____

Fax: _____ E-Mail: _____

Type of Report: Full _____ Drive-By _____ Exterior _____ Interior _____

Payment: Collect COD (preferred) _____ Invoice _____ (prior approval required)

Agreed Fee \$ _____ (prior approval required, please call first)

Subject Property

Address: _____

City: _____

Property Type

SFR _____ PUD _____ Condo _____ Multi-Unit 2 - 4 _____ Other _____

Owner Occupied _____ Tenant Occupied _____ Vacant _____ Other _____

Rent Survey Required: Yes _____ No _____

Operating Income Required: Yes _____ No _____

Transaction

Sale _____ * Please fax a copy of the sales contract

Refinance: _____ Estimated Refinance Value: _____

Loan Amount: _____ Expected Close Date: _____

Concession or Sales Contract Conditions: _____

Contacts

Borrower: _____

Is the borrower the owner per public record? Yes _____ No _____

May we contact borrower to set-up the appointment? Yes _____ No _____

Home Phone: _____ Work Phone: _____ Cell: _____

Co-Borrower: _____

Additional Comments
