



APPRAISAL REQUEST

Date: _____

All orders are C.O.D.
(Unless approved otherwise)

PROPERTY INFORMATION:

Property Type (please circle one): SFR Condo 2units 3units 4units
Transaction Type (please circle one): Sale Refinance HECM Other
Rental Property: Y / N

Borrower: _____

Property Address: _____

PURCHASE/ESTIMATED VALUE:

\$ _____, if value appears less than projected amount, client to be notified.

ACCESS/SPECIAL INSTRUCTIONS:

Name (agent, renter or owner) _____

Home # _____ Work # _____

CLIENT INFORMATION:

Fax #: _____

Contact Name: _____ Phone: _____

Company: _____

Address: _____

*****e-mail Appraisal to:** _____