



APPRAISAL REQUEST FORM

From:	Name: _____	Company: _____
Address:	_____ _____	
E-mail:	_____	
Contact #	Ph: _____	Cell: _____ Fx: _____
Request Date:	_____	Due Date: _____
Billing Information:	_____ _____	
Please appraise the following property:		
Address of Property:	_____	
Client/Applicant Name:	_____	
Name of Contact for Access:	_____	
Phone Numbers:	Res: _____	Bus: _____ Cell: _____
Type of Appraisal:	_____	
<input type="checkbox"/> Current Market Value <input type="checkbox"/> Drive-By <input type="checkbox"/> Historical <input type="checkbox"/> Valuation Day (1971)		
<input type="checkbox"/> Desk Top <input type="checkbox"/> Construction Inspection <input type="checkbox"/> Market Rent <input type="checkbox"/> Re-Direct Letter		
Condition Sale Price (if applicable)	\$ _____	
Additional Instructions:	_____ _____ _____ _____	