



Appraisal Request Form

Date Appraisal Ordered _____ Date Needed/Closing Date _____
Ordered By _____

Lender Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____
E-Mail Address: _____

Loan Type (must check one) _____ Conventional _____ FHA _____ VA
_____ MSHA _____ RD

Loan # _____
Sale Price / Estimate of Value: \$ _____ Loan Amount: \$ _____

Transaction Type (must check one) _____ Purchase _____ Refinance _____ Foreclosure
_____ Equity _____ REO

Borrower #1 _____ Phone # _____
Borrower #2 _____ Phone # _____

Property Type (must check one) _____ Single Family _____ Condo/PUD
_____ Two to Four Units _____ Sq. Ft. GLA
_____ Age _____ Acres
_____ Public Water _____ Private Well
_____ Septic _____ Garage
_____ Extra

Listing Broker _____ Phone # _____
Fax # _____
Selling Broker _____ Phone # _____
Fax # _____

Appraisal Type:
_____ Full(S/F) 1004 _____ Drive By (2055 w/int.)
_____ Multi. Form (1025) _____ Condo
_____ Completion Certificate or Final Inspection

Property Street Address: _____
City: _____ County: _____ State: _____ Zip: _____

Attachments/Additional Requirements:

_____ Purchase or Sale Agreement _____ Deed
_____ Past Appraisal _____ MLS Sheet