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APPRAISAL ORDER FORM

- PLEASE PRINT -

Date Ordered: _____

Client Name: _____

Contact Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Property Address: _____

Applicant name: _____

Business Phone: _____

Home/Cell Phone: _____

Contact at Property: _____

Business Phone: _____

Home/Cell Phone: _____

Property Type: 1 Family 2 Family 3 Family Co-op Condo Other: _____
(Check One)

Loan Type: Sale Equity Refinance Reinspection
(Check One)

Sales Price/Estimated Value: \$ _____

Ship To: _____

Comments/Special Instructions: _____
