

APPRAISAL ORDER

ORDER DATE _____

COMPLETION REQUESTED BY _____ / _____ / _____

Borrower Name: _____

Co-Borrower Name: _____

Property Address: _____ Zip _____

Property Type: 1 FAM 2 FAM 3 FAM 4 FAM CONDO 1-4 Residential Mixed Use 5 + Multi-Family

OTHER: _____ Number of Commercial unit(s): _____ Number of Residential unit(s): _____

Annual Real Estate Tax: \$ _____ County: _____ Lot Size: _____

Property Identification Section: _____ Block: _____ Lot: _____

CONTACT FOR APPRAISAL

Main Contact Person: Name _____ Cellular _____ Work _____

Alt. Contact Person: Name _____ Cellular _____ Work _____
