



Appraisal Request Form – Please fax the form to 877-378-2230

Date: \_\_\_\_\_

Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Type (check the box that applies):

- |                                    |                                 |                                     |                                |
|------------------------------------|---------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Retail | <input type="checkbox"/> Industrial |                                |
| <input type="checkbox"/> Land      | <input type="checkbox"/> Hotel  | <input type="checkbox"/> Office     | <input type="checkbox"/> Other |

Report Type (check the box that applies):

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Self-Contained | <input type="checkbox"/> Summary       | <input type="checkbox"/> Restricted |
| <input type="checkbox"/> Study          | <input type="checkbox"/> Rent Analysis | <input type="checkbox"/> Other      |

Current Use: \_\_\_\_\_

Land Size (in square feet): \_\_\_\_\_

Building Size: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_