



APPRAISAL ORDER FORM

File # _____

Date _____

Please fill in as much information as possible below

Client Information

Lender/ Client: _____ Fee _____
 Phone #: _____ Bill Lender/ Client _____
 Fax #: _____ Collect at Door _____
 Email: _____
 Contact: _____
 Lender Address: _____
 City, St, Zip: _____

Assignment Type

Purchase _____ Market Value _____ HELOC _____
 Refinance _____ Plans & Specs _____ PMI Release _____
 RELO _____ Final/ Compliance _____ Other _____

Property Type

Detached SFR _____ Attached SFR _____ Multi-Unit (#) _____
 Vacant Land _____ Manufacture Home _____ Condo _____

Form Type

URAR 1004 _____ URAR 1004C _____ Vacant Land _____
 Condo 1073 _____ Multi Family 1025 _____ Other _____
 Do you need Rental Comparable 1007 _____? or the Operating Income Statement 216 _____?

Subject Info

Address: _____
 City, St, Zip: _____

Contact Info

Contact : Borrower _____ Seller _____ Agent _____ Builder _____
 Contact name if other than borrower: _____
 Contact phone number(s): _____

Miscellaneous

Original purchase date: _____ Purchase Price: _____

Please fax us a copy of the sales contract if applicable.

How would you like the appraisal delivered?

Client/Lender Signature: _____ Date: _____

Please Fax To: 866-815-8778