

Appraisal Professionals

Fax/Phone: (530) 676-0391

ORDER FORM

Date Transmitted: _____

Is this your first order with us?

Purpose of Appraisal: _____

Lender/Client Contact Information:

Company Name: _____ Tax ID/SSN: _____

Contact Person: _____

Address: _____

Ph () _____ Fax () _____ email _____

Unless otherwise requested, the completed appraisal will be emailed in PDF format to the email provided above.

Lender/Client line on appraisal will read: _____

Need verbal by: _____ Need hard copy by: _____

Subject Property Information:

Owner/Borrower(s): _____

Property Address: _____ City: _____ Zip: _____

\$ _____ EV / SP / LA *Sale Date: _____ Conc/Closing Costs: _____

**Please include a copy of the contract for sale if applicable.*

Type (SFR, Condo, 2-plex, etc.) _____ on form (URAR, URAR/PUD, 2055, SRIP etc.) _____

Unless otherwise requested, Fannie Mae forms effective 3/05 will be utilized.

Will you need a Rent Survey or Operating Income Statement? _____

Contact/Access Information:

Primary Contact Name: _____

Owner Tenant Agent Other _____

Home () _____ Work () _____ Other () _____

Secondary Contact Name: _____

Owner Tenant Agent Other _____

Home () _____ Work () _____ Other () _____

Notes _____

Bill Lender/Client Collect at Inspection (COD) Bill Escrow (Approval required)