

Appraisal Request Form

Ordered by

Company : _____ Phone # : _____ Fax # : _____
Location : _____ Email Address : _____
Contact Person : _____ Client Ref # : _____

Lender

Name : _____ Comp Appraisal NADA Appraisal
Address : _____ Comparable Appraisal with Comp Photos
City / State / Zip : _____ Home Inspection Only Other : _____

Home Address Information

Address Where Home is Currently Sited

Street / Lot #: _____ Community : _____
City : _____ State : _____ Zip : _____ Private Property Retailer Lot
Is this Home to be Moved? Yes No

Address Where Home is Being Moved to (fill this in only if home is being moved)

Street / Lot #: _____ Community : _____
City : _____ State : _____ Zip : _____ County : _____

Home Sale Information

Contact Information

Owner : _____ AM Phone : _____ PM Phone : _____
Occupant : _____ AM Phone : _____ PM Phone : _____
Buyer Name : _____ AM Phone : _____ PM Phone : _____
Retailer : _____ AM Phone : _____ PM Phone : _____
 Key at Retailer Sales Office Ask For : _____

Home Information

Make : _____ Sale Listing Refinance Insurance
Model : _____ Other: _____
Year / Size : _____ Selling Price (No Tax) \$: _____
Serial # : _____ Refinance Balance : _____

Special Instructions
