

Complete and Fax back to us at 323-443-3665

Client Information

Date Ordered _____

Contact Person/Loan Officer _____

Company _____

Address _____ City _____

State _____ Zip Code _____

Phone Number _____ Fax # _____

Email Address _____

Property Information

Property Type SFR Condo 2 - 4 Units

Other _____

Form Type 1004 Condo 2055 (interior) 2055 (exterior/driveby)

Other _____

Borrower _____

Property Address _____

City _____ Zip Code _____

Purpose of the Appraisal

Sale Sale Price \$ _____

Refinance Estimated Value \$ _____

 Loan Amount _____ LTV _____ %

Other _____

Property Access Information

Contact Person #1	Home Phone	Work Phone	Cell Phone
Contact Person #2			

Special Instructions / Comments
