

ATTORNEY APPRAISAL REQUEST FORM

SUBJECT PROPERTY INFORMATION:

Address: _____

City: _____ State: _____ Zip code: _____

TYPE OF APPRAISAL NEEDED:

- Single Family Residence Vacant Land Manufactured Home
 Condo/PUD Duplex Tri-Plex 4-Plex Rental Survey
 Historical Appraisal – Historical Date(s): 1) _____, 2) _____, 3) _____

ORDERING ATTORNEY:

Name: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Date of Settlement Conference: _____ *Appraisal Needed by: _____

*Contingent upon access

YOUR CLIENT:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT FOR ACCESS:

Name: _____ Cell: _____

Home Phone: _____ Work Phone: _____

OPOSING COUNCIL:

Name: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Do we have permission to discuss the appraisal information with the secondary attorney? Yes No

Would you like a copy of the appraisal to be sent to the secondary attorney? Yes No

Payment Method: Collect at Door Check, (# _____) Visa/MasterCard

Name on Card: _____

Billing Address: _____

Card #: _____ Expiration: _____

Signature of Cardholder: _____