



MARKET  
APPRAISAL  
GROUP

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PLEASE FAX OR EMAIL THE COMPLETED ORDER FORM TO THE CONTACTS LISTED ABOVE  
**2 DAY AVERAGE TURNAROUND FROM DATE OF INSPECTION**

## CLIENT INFORMATION

Contact Person/Loan Officer: \_\_\_\_\_

Date Ordered: \_\_\_\_\_

Company: \_\_\_\_\_

Date Due: \_\_\_\_\_

Address: \_\_\_\_\_

Payment Type:  Credit Card

City, State, Zip: \_\_\_\_\_

Check (GOD only)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## PROPERTY INFORMATION

Property Type:  SFR  Condo  2-4 Units

Form Type:  1004  Condo  2055 (Ext)  1025 (2-4 Units)

Do you require the cost approach?  Yes  No

Borrower: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

## PURPOSE OF THE APPRAISAL

Estate  Divorce

Sale Sale Price \$ \_\_\_\_\_

Refinance Owners Estimate of Value \$ \_\_\_\_\_

Loan Amount \$ \_\_\_\_\_ LTV%: \_\_\_\_\_

## SPECIAL INSTRUCTIONS/ COMMENTS:

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## PROPERTY ACCESS INFORMATION

Contact #1: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

# ORDER FORM