

APPRAISAL REQUEST FORM

Date: _____ Loan Number: _____

Property Address: _____

City, Zip _____

Borrowers Name: _____

Contact Name (if different than borrower) _____

Contact Phone # (Home) _____ (Work) _____

MORTGAGE INFORMATION

Type:	<input type="checkbox"/> Conv	<input type="checkbox"/> FHA	<input type="checkbox"/> Purchase	<input type="checkbox"/> Refinance	<input type="checkbox"/> Income	
Form:	<input type="checkbox"/> URAR	<input type="checkbox"/> 2055	<input type="checkbox"/> 2065	<input type="checkbox"/> 2075	<input type="checkbox"/> Condo	<input type="checkbox"/> Exterior Only
Sales Price/Estimated Value: \$ _____			Loan Amount: \$ _____			

Lender Name and Special Instructions

Lender Name: _____ Request By: _____

Phone # _____ Fax # _____

Date Needed: _____ Return Email Address: _____

Special Instructions: _____

Fax Order to 303-972-0212

Office Phone 303-933-0783