

Please fax this form completed to: 423.869.3285

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 - 4 Units Other _____

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

Other _____

Borrower _____

Property Address _____

City _____ Zip Code _____

Purpose of the Appraisal:

- Sale
- Refinance
- Other

Property Access Information

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

Special Instructions / Comments
