

# APPRAISAL REQUEST FORM



## Appraisals Direct

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### Client/Lender Information

Lender/Client Name: \_\_\_\_\_ Order date: \_\_\_\_\_

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

Loan Officer/Processor: \_\_\_\_\_ Email: \_\_\_\_\_

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

### Assignment Information

Type: URAR/Full Appraisal\_\_\_\_ FHA\_\_\_\_ Condominium\_\_\_\_ Exterior/Drive By\_\_\_\_

Rent Schedule/Operating income statement\_\_\_\_ 2-4 Family Income Property\_\_\_\_

Comps only\_\_\_\_ Land only\_\_\_\_ New Construction\_\_\_\_ Other\_\_\_\_

Primary Residence\_\_\_\_ Second Home\_\_\_\_ Investment Property\_\_\_\_

Purpose: Purchase\_\_\_\_ Refinance\_\_\_\_ Market Value\_\_\_\_

Loan amount: \_\_\_\_\_ Sales Price: \_\_\_\_\_ Estimated value: \_\_\_\_\_

Listing agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment Method:

COD\_\_\_\_ Credit Card\_\_\_\_ (email required) \_\_\_\_\_  
*(Invoice with payment instructions will be emailed)*

**DUE DATE:** \_\_\_\_\_

### Property Information

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

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

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

### Contact and Access Info

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

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

By submitting this form you authorize **Appraisals Direct** to perform the service requested. Payment is due upon inspection (COD), Credit card payment available. A \$100 fee will be assessed for any file cancelled while in progress. If not in progress, no fee will be assessed.