



303 NE 1st Avenue – Suite 260
Faribault, MN 55021
Tel: 507-332-7104
Fax: 507-332-4025

APPRAISAL REQUEST FORM

Lender Name/address: _____

Loan Officer/Processor: _____

Subject property: _____

Subject Property
Owner/Phone: _____ (h) _____ (w) _____

Client Name/address: _____

Type of Appraisal:

- | | | | |
|--|---------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> 1004 | <input type="checkbox"/> 2055 | <input type="checkbox"/> Refi | <input type="checkbox"/> Purchase |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Condo | <input type="checkbox"/> 2-4 Family | <input type="checkbox"/> Townhome |
| <input type="checkbox"/> FHA | <input type="checkbox"/> Review | <input type="checkbox"/> Drive-by | <input type="checkbox"/> Land |
| <input type="checkbox"/> VA | <input type="checkbox"/> NC | <input type="checkbox"/> Relocation | <input type="checkbox"/> REO |
| <input type="checkbox"/> Other (specify) _____ | | | |

FHA or VA Case No.: _____

Sale Price: _____ Loan Amount: _____

Special Instructions: _____

Date Ordered: _____ Date Needed _____ Date of Close _____