

PACIFIC WEST APPRAISALS

| | |
|----------------------------------|--|
| Date ordered: | |
| Your name: | |
| Your company: | |
| Your phone number/email address: | |

| | |
|---|--|
| Client reference name (Applicant name): | |
| Property address to be appraised: | |
| Contact for Access / MLS Number: | |

Type of Appraisal Required:

| | |
|----------------------|--|
| Full Appraisal _____ | Drive-by _____ |
| Desk Top _____ | Inspection _____ |
| Rent Letter _____ | Other (pls. use comment section for description) |

| | |
|--|--|
| Purpose of Appraisal: | |
| Purchase Price / Estimate of Value: | |
| Lender: | |
| Date Required/Subject Removal: | |
| Contact for payment: (Payment required up front or at time of inspection) | |

| |
|----------------------------------|
| Comment/Additional Instructions: |
|----------------------------------|