

Request for Appraisal

To: CHANTAL GRIFFIN GRIFFIN APPRAISALS 211 HAWTHORNE AVE. MILL VALLEY, CA 94941 (P) 415-381-6992 (F) 415-383-4997 (C) 415-302-7890 EMAIL: CHANTAL@GRIFFINAPPRAISALS.NET	From (Name & Address):
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Applicant (Name & Address):	Lender (Name & Address):
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Authorized by (Signature):	Title:	Date:
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Property Type: <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Condo <input type="checkbox"/> PUD <input type="checkbox"/> 2-4 Unit	Occupancy Status: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment Property No. of Units _____	Type of Loan: <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> Other _____	Loan Purpose: <input type="checkbox"/> Date of Death <input type="checkbox"/> Insurance <input type="checkbox"/> Market Value <input type="checkbox"/> Estate Planning <input type="checkbox"/> Tax Appeal <input type="checkbox"/> Purchase <input type="checkbox"/> Refi <input type="checkbox"/> Equity Line <input type="checkbox"/> Construction <input type="checkbox"/> Other _____
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Sales Price: \$ _____	Estimated Value: \$ _____	Loan Amount: \$ _____
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Property Address:

Legal Description:

Listing Agent:	Selling Agent:
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Appraisal Type:
 Interior (Full) Exterior Only Rental Survey Income Operating Statement

Estimate of Value Should Be: <input type="checkbox"/> As Is <input type="checkbox"/> As Completed <input type="checkbox"/> As of date: _____	Appraisal Cost:	Due Date:
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Payment Method: <input type="checkbox"/> C.O.D. <input type="checkbox"/> Credit Card <input type="checkbox"/> Invoice Client	E-mail Appraisal to:
	Contact for Entry: (if not the same as borrower)

Comments:
