

Dolan Appraisal Company, Inc.

APPRAISAL REQUEST FORM

URAR Condo 2-4 family 1025 Drive by 2055 Final Inspection

Date of order: _____ File/Loan # _____

Purpose of Appraisal: _____

Ordered By: Name: _____ Company: _____ Phone: _____

Property Address: _____

City: _____ Zip code: _____

Borrower's Name: _____

Contact for Access: _____

Phone #: _____ Alternative Phone #: _____

Refinance: _____ Estimated Value \$: _____

Purchase Price \$: _____ Sale Date: _____ Loan Amount \$: _____

Financing: _____ Conventional _____ FHA

Collect at Door _____ Billing _____

Due Date: _____

Return Completed Appraisal to: _____

OR
Email Address: _____

Additional Comments: _____

FAX TO: 314-997-2065

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