

DENVER METRO APPRAISAL MANAGEMENT

Certified Residential Appraisals

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Colorado State Certification: CR40012607

APPRAISAL ORDER

Date Ordered: _____ Date Completed: _____ Fee: \$ _____ COD
Fee: \$ _____ Bill

Client

Company: _____ Phone: _____

Ordered By: _____ Fax: _____

Address: _____

PROPERTY TO BE APPRAISED:

- | | |
|--|--|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Contract \$ _____ |
| <input type="checkbox"/> Plex: No. of Units _____ | <input type="checkbox"/> Refinance _____ Drive by Form |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> New Construction _____ FHA |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Desk Review Appraisal |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Field Review Appraisal |
| <input type="checkbox"/> Send Electronically (.pdf) Email Address: _____ | |
| <input type="checkbox"/> Hand Deliver _____ Copies | |

Subject Address: _____

City: _____ County: _____ Zip: _____

Additional Comments About Property: _____

PROPERTY ACCESS INFORMATION (Please fill out completely)

Access Name: _____

Lock Box Combination: _____

Home Phone: _____ Mobile Phone: _____

Work Phone (Mrs): _____ Work Phone (Mr.): _____

NOTES: _____
