

Robert Greer & Associates

Appraisal Request

(Please provide as much information as is available)

(Please print legibly) (★Required)

Date Faxed: _____

Fax to > (209) 952-9088

Lender/Client Contact Information:

★Company Name: _____

★Address: _____

Phone: (____) _____ Fax: (____) _____ Other: _____

Contact: _____/Title: _____

★Email Address: _____

★ Purpose of Appraisal:

Refinance – _____ (Estimated Value)

Purchase – \$ _____ NRCC's \$ _____

Borrower(s): _____

★ Subject Property Information:

Property Address: _____

City: _____ Zip: _____

Type: SFR Condo Multi Attached PUD -- Primary Res. Second Home Investment Prop. Need Rent Survey?

HOA Name: _____ Tel: _____

Entry/Access Information:

Primary Contact Name: _____

Owner Tenant Agent Other _____

Home (____) _____ Work (____) _____ Other (____) _____

Secondary Contact Name: _____

Owner Tenant Agent Other _____

Home (____) _____ Work (____) _____ Other (____) _____

Special Instructions: _____

Collect at Inspection Bill me now -  _____

I, _____, guarantee payment for all fees associated with the above request regardless of whether or not escrow closes.

Signature _____

Phone: (408) 712-5148

Fax: (209) 952-9088

Email: RobertGreer@SBCGlobal.net