

APPRAISAL REQUEST FORM

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DATE: _____

LENDER/CLIENT: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

E-MAIL ADDRESS IF APPRAISAL CAN BE E-MAILED TO YOU:

LOAN OFFICER: _____ **ORDERED BY:** _____

YOUR LOAN NUMBER: _____ **FHA:** _____ **CONV:** _____ **OTHER:** _____

IF A PURCHASE - CONTRACT PRICE: _____ **CHECK IF A REFINANCE:** _____

(IF THIS IS A SALE, PLEASE SEND A COPY OF THE SALES CONTRACT)

WILL THIS LOAN BE SOLD TO THE SECONDARY MARKET? YES _____ **NO** _____

BILL CLIENT _____ **COD FROM BORROWER** _____

OWNER/BORROWER(S) NAME: _____

SUBJECT ADDRESS: _____

CITY: _____ **COUNTY:** _____ **ZIP:** _____

PROPERTY ACCESS

OWNER/BORROWER HOME PHONE: _____ **WORK PHONE:** _____

LISTING AGENT PHONE: _____

SELLING AGENT PHONE: _____

ADDITIONAL COMMENTS: (DATE HARD COPY NEEDED, ETC) _____

