

MGB APPRAISALS

APPRAISAL REQUEST FORM

Client/Lender Info:

Company Name: _____
Phone: _____
Fax: _____
E-Mail: _____
Contact: _____

Assignment Info:

Loan Type: Conforming Non-Conforming
Request: Drive-By Full Other _____
Purpose: Purchase Refinance Cash-Out Refinance Market Value
Occupancy: Primary Secondary Investment
Payment: C.O.D. Bill Lender(Requires Signature) _____
Due Date: _____

Property Info:

Borrower Name: _____
Address: _____

Sale Price/Estimated Value:\$ _____
Loan Amount:\$ _____
Property Type: _____
Number of Beds/Baths: _____
Basement: _____
Garage: _____
Notes: _____

Contact For Property Access:

Name: _____
Phone: _____

Notes (Please include any specific instructions here, such as type of forms):