

# APPRAISAL REQUEST THE APPRAISAL COMPANY

"THE APPRAISAL COMPANY"

14 Clifford Street • ST. CATHARINES ON L2N 3K7

**F 905-937-7795 P 905-937-7792 C 905-329-0197 • kelli@appraisal-company.ca**

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Requested By: \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Date \_\_\_\_\_

Type of Appraisal Requested.  Full Appraisal  Drive By  Progress Insp

Invoice to Lender  Yes

Collect Payment from Vendor  Yes

Applicant/Vendor \_\_\_\_\_

Address to Be Appraised \_\_\_\_\_

\_\_\_\_\_

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Contact Phone Number \_\_\_\_\_ Alternate # \_\_\_\_\_

Estimate of Value \_\_\_\_\_

Legal Description (If Available) \_\_\_\_\_

Sale  No  Yes Purchase Price \_\_\_\_\_

Listing Agent and Listing Firm Name \_\_\_\_\_

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Addition Comments or Instructions \_\_\_\_\_

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Direct Appraisal to (If different from above)

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