

The Appraisal Doctor

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Appraisal Request Form

Client /Lender Name: _____

Client /Lender Contact: _____

Client /Lender Address: _____

Client /Lender Phone # _____

FAX # _____

Invoice and Mail Appraisal to: _____

Email Appraisal to: _____

Address of Property to be Appraised:

Borrower's Name _____

Contact Name for Entrance to the Property: _____

Phone # of Contact: _____

Type of Property

Single Faimily _____ Mulitple Family (2-4 Units) _____ # of Units _____

Vacant Land _____ Commercial _____

Owner's Name: _____

Occupant: _____

Listing Broker's Name _____ Phone # _____ Cell Phone # _____

Type of Appraisal

URAR _____ 2055 Form _____ Exterior _____

Other _____

Number of Copies Required _____ E-mail Address _____

Photographs Requested: Exterior _____ Interior _____ Additional _____

Additional Instructions: _____

When Needed: _____

Thank you for your order. We will contact you with a confirmation of your order and approximate time of Completion.