



Appraisal Request Form

Please Fill Out ALL Information

1420 Renaissance Drive
Suite 405
Park Ridge, IL 60068
Phone 847.692.3200
Fax 847.692.7010
Email request@keyappraisals.com

Order Date: _____
Verbal Due Date: _____
Hard Copy Due Date: _____

Appraisal Type: URAR ___ FNMA2055 (Interior) ___ FNMA2055 (Exterior) ___
Condo ___ FNMA2075 ___ 2-4 Flat ___ Other _____

Appraisal Purpose: Refinance ___ Purchase ___ ***Include Purchase Agreement***

Estimated Property Value: _____

Loan Type: Conventional ___ FHA ___ FHA Case # _____

Property Address _____ Unit _____

City / State / Zip _____

Borrower Name(s) _____ / _____

Contact Number(s) _____

Special Instructions: _____

Client Information

Payment Method ***All Orders are COD or Prepaid unless prior arrangements are made.***

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Loan Officer _____ Contact _____
Required By Law

Delivery Information - Email / Fax / Other _____