

Primary Appraisal Service

P. O. Box 1068 NICE, CA 95464
3094 BUCKINGHAM WAY, NICE CA 95464

email - primaryappraisal@mchsi.com

Phone / Fax - 707-274-8782 --- E-fax - 707-274-4202

Order Date: _____

Company Name/Lender: _____

Company/Lender Address: _____

Order By: _____ Contact Phone: _____

Email address for appraisal report will be sent: _____

Information about property to be appraised (Subject property)

Property Address: _____

City: _____ Zip: _____

Appraisal Type: SFR/Townhouse Condo Multiplex Drive By Recert Updated

Person contact for property access (Owner's Name): _____

Phone (Home): _____ Phone (Work): _____

OWNER INFORMATION

Refinance:

Borrower's Name: _____

Estimate Market Value: _____

Purchased:

Buyer's Name: _____

Purchase price: _____ **Contract Date:** _____

Appraisal Fee pay by: Lender Property owner

HOME OWNER ASSOCIATION (HOA) INFORMATION

To speed up appraisal process, please provide HOA information here if the property is managed by HOA

HOA's Name: _____ **Phone #:** _____

Total Units in complex: _____ **Percentage of units for rent:** _____

Comment or special request: _____
