

Send to:	From:
Home Appraisal Service, L.L.C.	Company:
6685 Broadway, Suite 1	Address:
Merrillville, IN 46410	
Ph: (219) 796-9133 Fax: (219) 796-9135	Ph: () Fax: ()
e-mail: contact@homeappraisalservice.net	e-mail:

APPRAISAL ORDER FORM

Date: _____

Loan # (if applicable): _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____

COUNTY: _____ ZIP CODE: _____

BORROWER NAME: _____

HOME PHONE #: _____ WORK#: _____ CELL #: _____

INDICATE PAYMENT TYPE (circle one): HOMEOWNER COD or BILL OUR COMPANY

CUSTOMER'S ESTIMATED VALUE: _____ FINANCING: _____

PROPERTY TYPE: (circle one): SINGLE FAMILY 2-4 MULTI UNIT CONDO OTHER: _____

OCCUPIED BY (circle one): OWNER TENNANT VACANT

INDICATE TRANSACTION TYPE (circle one): PURCHASE or REFINANCE

CONTACT FOR ENTRY: _____ PHONE #: _____

ADDITIONAL COMMENTS: _____
