



Request for Appraisal

FAX TO: 415-332-2990

Part 1-Request					
1. To: Presta Appraisal Group 1917A Bridgeway Sausalito, CA 94965 Phone: 415-332-9696 or 1-866-4PRESTA Fax: 415-332-2990 Email: orders@prestaappraisal.com		2. From: Company Name: Ordered by: Address: Phone: _____ Fax: _____ Email Address : _____			
3. Signature of Lender	4. Title	5. Date	6. Lender's Loan No.		
7. Name, address and phone of applicant <input type="checkbox"/> Borrower <input type="checkbox"/> Owner					
Part II-Property and Mortgage Information					
8. Property Type <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Condo <input type="checkbox"/> Pud <input type="checkbox"/> CO-OP <input type="checkbox"/> Commercial	9. Occupancy Status <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment Property No. of Units _____ No. of Bedrooms _____ No. of Bathrooms _____	10. Appraisal Type <input type="checkbox"/> SFRI-1004 <input type="checkbox"/> Condo <input type="checkbox"/> 2-4 Unit <input type="checkbox"/> 2055 Exterior <input type="checkbox"/> 2055 Interior <input type="checkbox"/> Update w/ Comps <input type="checkbox"/> Update w/ out Comps <input type="checkbox"/> Rental Survey 1007 & 216 <input type="checkbox"/> Other _____	11. Lien Position <input type="checkbox"/> First Mortgage <input type="checkbox"/> Second Mortgage	12. Loan Purpose <input type="checkbox"/> Purchase <input type="checkbox"/> Cash-out Refi <input type="checkbox"/> No Cash-Out Refi	
13. Sales Price: \$		14. Estimated Value: \$		15. Loan Amount \$	
16. Property Address:			17. Inspection Contact Information: Name: Home phone: Work phone: Cell phone:		
18. Listing Agent			19. Selling Agent		
Part III - Appraisal Information					
20. Due Date					
21. Appraisal Type <input type="checkbox"/> Full <input type="checkbox"/> Drive-By					
Part IV - Payment Information					
22. <input type="checkbox"/> COD <input type="checkbox"/> Invoice (net 30 after report completion)					
<input type="checkbox"/> Credit Card VISA/MC/AMEX BILLING ADDRESS		CARD NO:		EXP. DATE:	
<input type="checkbox"/> BROKER AGREES TO PAY		<input type="checkbox"/> BORROWER AGREES TO PAY			
BROKER'S SIGNATURE: _____					
FEE:					
26. Comments:					