



[www.MetroWestAppr.com](http://www.MetroWestAppr.com)

Phone: 888-676-9237

Fax: 888-676-6708

Company Name **PERSONAL**

Loan Officer \_\_\_\_\_ Processor \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Loan Number \_\_\_\_\_

COD  Yes  No  Type  Sale  Refinance  Other

Appraisal Request

<input type="checkbox"/> 1004	<input type="checkbox"/> Int/2055	<input type="checkbox"/> FHA 1004	<input type="checkbox"/> Condo 1073
<input type="checkbox"/> 2-4 Family	<input type="checkbox"/> Ext/2055	<input type="checkbox"/> Ext/2065	<input type="checkbox"/> Drive By/704
<input type="checkbox"/> Ext/2075	<input type="checkbox"/> Enh. Desk Rev	<input type="checkbox"/> Desk Review	<input type="checkbox"/> Enh. Field Rev
<input type="checkbox"/> Field Review	<input type="checkbox"/> Final	<input type="checkbox"/> VC Inspection	<input type="checkbox"/> Rent Sched
<input type="checkbox"/> Income Stmt	<input type="checkbox"/> Update Letter	<input type="checkbox"/> Reappraisal	<input type="checkbox"/> Addendum
<input type="checkbox"/> Add'l Comps	<input type="checkbox"/> Conversion (please list type of conversion in appraiser notes)		
<input type="checkbox"/> REO/Foreclosure	<input type="checkbox"/> Relocation		

Sale/Refi Amount \_\_\_\_\_ Loan Amount \_\_\_\_\_

Parcel Number \_\_\_\_\_

Taxes \_\_\_\_\_ Tax Year \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Description \_\_\_\_\_

Applicant \_\_\_\_\_ Work Phone \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Extra Phone \_\_\_\_\_

Entry Contact \_\_\_\_\_ Phone \_\_\_\_\_

Appraiser Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please make sure that all appropriate boxes are marked and everything is legible.

Failure to do so may result in delay of appraisal.