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APPRAISAL REQUEST FORM

Attn: _____ Date: _____

Mortgage Company

Name: _____

Loan Officer: _____ Email: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Payment: ___ COD ___ Credit Card: (Visa, MC, Discover, Am. Express) **(Please Circle)**
Card No.: _____ Exp. Date _____

Bill Lender (please sign) _____
(Lender is responsible for all fees if loan does not close – net 30 days**)**

Subject Property

Borrower / Buyer Name: _____

Property Address: _____

City: _____ County: _____ State: _____ Zip: _____

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

Type of Property: _____

Estimated Value / Sale Price: _____ Parcel No. _____

Legal Description: _____

Seller Name: _____ Phone: _____

<Please include sale contract if applicable>